



WOOLSTON CE PRIMARY SCHOOL

Epping Drive, Woolston, Warrington WA1 4QL

Tel: 01925 815729 Fax: 01925 850252

Email: WoolstonCEA_Primary@sch.warrington.gov.uk Web: woolstonceprimary.co.uk

Headteacher: Mrs S Dillon

Working and Learning Together in the Light of Jesus

Application Form

Admission September 2023

Please read the school's Admissions Policy before completing this form. Upon completion, the form should be returned to the school office.

Name of Child _____ Date of Birth _____

Address _____

Post Code _____

Telephone Number _____

Parents Address (if not the same as above) _____

Post Code _____

Brother/Sister at school YES / NO Name and date of birth of sibling _____

Has the child been baptised? YES / NO If yes, where and when? _____

Are you a regular worshipper at the church of the Ascension? YES / NO**/**

If no, do you regularly attend any other church? YES / NO** (please name) _____

*A written declaration from the Minister of the Church **must** be provided if you wish your application to be considered under the criteria as a regular worshipper. This written declaration should be sent to the school office by the closing date stated by the Local Authority for admissions to the academic year for which you are applying. By regular worshippers we mean attendance at a minimum of one service per month for at least a year before the closing date for admissions.

** In the event that during the period specified for attendance at worship the church [or, in relation to those of other faiths, relevant place of worship] has been closed for public worship and has not provided alternative premises for that worship, the requirements of these [admissions] arrangements in relation to attendance will only apply to the period when the church [or in relation to those of other faiths, relevant place of worship] or alternative premises have been available for public worship".

I UNDERSTAND THAT THIS APPLICATION DOES NOT GUARANTEE A PLACE AT THIS SCHOOL AND I MUST ALSO COMPLETE THE ONLINE WARRINGTON BOROUGH COUNCIL APPLICATION PRIOR TO THE CLOSING DATE TO APPLY FOR A PLACE

Signed _____ (parent/carer)

Date _____

