BISHOP CORNISH
CHURCH OF ENGLAND
VOLUNTARY AIDED PRIMARY SCHOOL

APPLICATION FOR ADMISSION OF A PUPIL

Surname of child ..... **Christian Name** .....

Address ..... **Date of Birth** ..... **Male/Female**

..... **Post code** ……..…… **Tel. No.** .……

Religious Denomination .....

Date and place of Baptism .....

Please state briefly any special reasons why you wish your child to be admitted to the school:

……

……

I hereby make application for the above child to be admitted to the above named school with effect from .....

Signed ..... Parent/Guardian Date .....

Any previous schools attended with dates: .....

……

It will be helpful to obtain the recommendation of your priest or minister

I support the above application for admission. I confirm that the child is

- ☐ *Known to the church*
- ☐ *Attached to the church*
- ☐ *At the heart of the church*

Signed ..... *Minister* *Parish or church* .....

Address .....

The above application will be considered by the Governors of the school who reserve the right to place the name on the waiting list if it is not possible to admit the child to school.

To be returned to: The Head Teacher, Bishop Cornish C of E VA School, Lynher Drive, Saltash, Cornwall, PL12 4PA