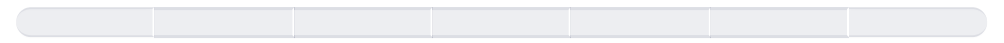




Application status: **Incomplete**

Current phase:



Completed 0/7

Date of birth

Expected year of entry

Application reference number

Preferred name

Expected term of entry

Unique Pupil Number

Middle name(s)

Expected year group of entry

Unique Learner Number

Student code

PHASE: APPLICATION FORM

Child's Basic Details

SAMPLE FORM

Child's Basic Details

Child's Surname

Child's Preferred Surname

Child's Christian/Forename

*as shown on birth certificate or amending legal instrument, not a passport

Child's Preferred Forename

Child's Middle Name

Child's sex at birth

- Male Female
- Not Specified

Child's Date of Birth

Age at last birthday

Child's Welfare and Support Information

Child's Welfare and Support Information

Please indicate here if the child is 'looked after', adopted or subject to a Child Arrangements Order (having previously been 'looked after').

- Yes No

Please list any further information below.

Please provide supporting documentation to the School if applicable.

support for: Please indicate here if the child is 'looked after', adopted or subject to a Child Arrangements Order (having previously been 'looked after').

Child's Medical Practice Information

Name of Doctor Surgery

Doctor Surgery Contact Number

Doctor Surgery Post Code
If you don't know the post code of your Doctor Surgery, you can search for it by typing it's name here

(Doctor Surgery) Flat name and or number

(Doctor Surgery) House name or number

(Doctor Surgery) Street

(Doctor Surgery) Town/City

(Doctor Surgery) County

SAMPLE FORM

Parent/Carer

Email

Email Confirmation

Please give the relationship to the child

Title

Forename

Surname

Should this contact receive school correspondence about the child? Yes No

Should this contact be provided with a parental account so they can login and update this application?

This contact should receive email communications about this application

Religion

Religion

Candidate's Religion

Catholic parish in which you live

Name of church

Address of church

Name of parish

Date and place of baptism

Date of baptism

Name of church and parish

Certificate of Catholic Practice

Please supply the name and position of the priest supplying the Certificate of Catholic Practice (where appropriate)

Current school

Current School

Name of school

Name of Headteacher

Address of school

Name of person who will provide reference / predicted grades

E mail address of the person who will provide reference / predicted grades

Additional Information

Siblings - current pupils

Siblings - former pupils

Child of a member of staff

Does the candidate have a parent who is an employee of the school? Yes No

Staff member details

Name of staff member

Date work commenced at the School

SAMPLE FORM

Declaration

Signature Parent/Guardian 1 or Candidate

Signature Parent/Guardian 1 or Candidate

I confirm that that information in this application is true and accurate at the date of submission.

If, after making an application, any of the information given in the Supplementary Information Form or on any other form, letter or document associated with the application, changes, the Headmaster must be informed immediately. Failure to do so may prejudice the application. False information, or the omission of material information, may result in disqualification, or the loss of a place after it has been offered, accepted or taken up.

The London Oratory School collects and holds personal information relating to our pupils and may also receive information about them from their previous school, local authority and/or the Department for Education (DfE). We also hold prospective parents' contact details in order to communicate during and following the admissions process.

If an application is unsuccessful we will continue to hold parental contact information and personal data for pupils on our waiting list for the time a space may become available, unless you email registrar@los.ac to ask us not to. We will not give information about prospective pupils and parents to anyone without your consent unless the law and our policies allow us to do so. We are required, by law, to pass certain information to our local authority (LA). Please refer to our Data Protection Policy and the Privacy Notice for Pupils and Parents in the Policies section of the School's website for further information.

Signature Parent/Guardian 2 or Candidate

Please sign to confirm for Parent 2 or Candidate

I confirm that that information in this application is true and accurate at the date of submission.

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