



ST. ILLTYD'S CATHOLIC HIGH SCHOOL
NEWPORT ROAD
RUMNEY
CARDIFF CF3 1XQ
TEL. 029 2077 8174 / FAX. No. 029 2036 1641
www.stillyds.org.uk

Please complete this application form for admission to St. Illtyd's Catholic High School in addition to the preference form you have been asked to complete by the Local Authority. Please refer to the St. Illtyd's Admission Policy as outlined in the Local Authority booklet or School Prospectus.

To be complete by School Office
Date received:

PERSONAL DETAILS

Child's Current School _____

Child's Surname _____

Child's Forenames _____

Date of Birth _____ Male Female

Address _____

Post Code _____

Relationship to Child _____

Parent/Carer's Home Telephone/Mobile Number _____

Parent/Carer's Work Telephone Number _____

Email Address _____

My child has a statement of Special Educational Needs (all categories)

There will be a brother or sister at St. Illtyd's in September 2018 (Cat. 4)

Name of brother or sister _____ Year Group _____

My child is looked after (Category 1)

My child has been baptised into the Catholic Church (Categories 2 & 3)

My child was baptised in _____ Catholic Church

Year baptised _____

I enclose a letter of support from a priest, Minister or recognised Pastor confirming that my child attends church regularly (Category 6)

In all categories please enclose a copy of the child's birth certificate.

In all categories please provide proof of address, i.e. utility bill.

In all categories please enclose a letter with your application telling us why you wish your child to attend St. Illtyd's.

Is St. Illtyd's Catholic High School your first choice school? YES / NO

Please circle the Category in which you believe your child should be placed this will be cross referenced with Cardiff Council database

1 2 3 4 5 6 7

PLEASE REFER TO THE ADMISSIONS POLICY FOR CATEGORY. PRIORITY WILL BE GIVEN TO THOSE PARENTS WHOM ST. ILLTYD'S IS THEIR FIRST CHOICE.

PARENT/CARER DETAILS (Please supply both)

1. Title Mr/Mrs/Ms/Miss/Dr

Initials _____ Surname _____

Relationship to Child Mother/Father/Other _____ (specify)

2. Title Mr/Mrs/Ms/Miss/Dr

Initials _____ Surname _____

Relationship to Child Mother/Father/Other _____ (specify)

I confirm that the information on this form is correct and I understand that any offer of a place made as a result of this application may be withdrawn if I give false information.

Signature _____ Date _____

Please return the completed form to St. Illtyd's Catholic High School, Newport Road, Rumney, Cardiff CF3 1XQ, together with relevant documents of evidence required.

Information contained in this form is personal data. It will be held electronically and is subject to the Data Protection Act 1998. The school reserves the right to verify the information given on this form.