**The Bishop Rawstorne Church of England Academy**





Croston

Bishop Rawstorne is supported by local parishes and is a Church of England

 Christian school. All parents/guardians are expected to support the Christian ethos,

aims and disciplinary procedure.

**REQUEST FOR ADMISSION FOR AUGUST 2023 – JULY 2024**

**Looking for a place in Year: Year 7 □ Year 8 □ Year 9 □ Year 10 □ Year 11 □**

***(Please tick appropriate box)***

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| **NAME OF CHILD (Please use CAPITAL LETTERS** |
| **SURNAME** |  |  |
| **FORENAME** |  |  |
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| **DATE OF BIRTH** |  |  |
| **GENDER** |  |  |
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| **NAME OF PARENT/GUARDIAN** |  |  |
| **HOME ADDRESS** |  |  |
| **POST CODE** |  |  |
| **EMAIL ADDRESS** |  |  |
| **TELEPHONE NUMBER(s)** |  |  |
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| **I AM APPLYING FOR A PLACE BECAUSE OF: - (YOU MAY TICK MORE THAN ONE BOX)** |
| Living in the local area | **□** | Sibling in school | **□** | Parental Faith Commitment | **□** | Special Social/Medical Needs | **□** |
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| **IF YOU ARE APPLYING ON CHRISTIAN FAITH GROUNDS PLEASE COMPLETE THE FOLLOWING SECTION. Please note, to qualify for Christian Faith Commitment your worship must be in a church who has membership of the Churches Together in England. (Please do not complete Section 5 and 6 unless you are applying for a place under the faith-based criteria)** |
| Place of worship which one parent/guardian regularly attends |  |
|  |  |  |
| Address |  |  |
| Name of Vicar/Priest/Minister/Faith Leader |  |  |
| Address (If different from above) |  |  |
| Please provide a letter from your faith leader or a member of the clergy which confirms your commitment explaining how long and how frequent you have been a worshipper at this place. |

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| **Worship attendance: - How frequently do you attend worship? (Please tick one box)** |
| **At least Fortnightly** | **□ or** | **Less than fortnightly** | **□** |  |
| **For how long has this been your practice? (Please tick one box)** |
| **At least Fortnightly** | **□ or** | **Less than fortnightly** | **□** |  |
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| **School child attending at present: -** |
| **Name** |  |  |
| **Address** |  |  |
| **Telephone Contact Number** |  |  |
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| **Has your child any brother, sisters, step, half, foster or adopted siblings attending Bishop Rawstorne at the time of application?** |
| **Yes** | □ | **No** | □ |
| **If yes, please provide the following: -** |
| **Name of student** |  | **Current Year Group** |  |
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| **If your child comes to Bishop Rawstorne will you support our Aims, Disciplinary Procedures and Christian ethos?** |
| **Yes** | □ | **No** | □ |
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| **Does your child have any Special Educational Needs?** |
| **Yes** | □ | **No** | □ |
| **If yes, please provide details** |  |
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| **If there are any other considerations you would like to bring to the notice of the Governors please complete a separate sheet and attach it to this form. Have you attached a separate sheet?** |
| **Yes** | □ | **No** | □ |
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| **I am pleased to support my son/daughter’s application to join Bishop Rawstorne Church of England Academy, Croston** |
| **Signature of Parent/Guardian** |  |  | **Date** |  |
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| **Please return the completed form(s) to: -** |
| Governors Admission CommitteeBishop Rawstorne Church of England AcademyHighfield RoadCrostonLeylandPR26 9HH |