Danylan, Aberkenfig, Bridgend. CF32 9AB.
Telephone No. 01656 815515
e-mail: admin@strobertscps.bridgend.cymru Web Site:www.strobertscath.co.uk

Application for Pupil Admission

When completing this form, please use block capitals, read the form carefully and complete it as fully as possible.

The information you give will be used when considering your application.

Section 1 – Family Details

Child

Full Name
Date of Birth
Gender
Home Address
Post Code

Parent/Guardian	**Parental Responsibility** Yes/No
Full Name (inc title)	Relationship to child
Home Address	
Telephone	
Email	

Parent/Guardian	**Parental Responsibility** Yes/No
Full Name (inc title)	Relationship to child
Home Address	
Telephone	
Email	

Section 2 – Further Information

Please state your child's religion, tick only one				
Anglican	Baptist	Christian	Catholic	Hindu
Jewish	Methodist	Muslim	Sikh	No Religion
Other (please state)				

Is the child a looked after child?	Yes/No
Does the child hold a statement of SEN which names the school?	Yes/No
If the child has any siblings in school, please provide their names and year groups.	

Section 3 – Year Group Allocation

Mid-Year Transfer Applications

Current School/Nursery
Year Group
Preferred Start Date
Reason for Transfer

Nursery Applications

Please ensure your application is received by the end of March, at the latest, of the year of enrolment.

I wish for my child to have a place in Reception in the following academic year. Yes/No

Note, membership of Nursery does not guarantee admission to Reception.

Signature of Parent/Guardian_____

Please print name_____

Date_____

Your Data

All of the data you provide in this application will be stored securely as part of your child's file. If it is successful, it will be held until your child leaves the school and the data will then be forwarded to their new school. If it is unsuccessful, it will be stored securely for one year.

For further information please refer to our privacy notice on our school website.