



St Joseph's Catholic Primary School

Ross on Wye, Herefordshire, HR9 5AW

Telephone: 01989 564655

Email: admin@st-josephs.hereford.sch.uk

APPLICATION FOR ADMISSION FOR CHRISTIAN, NON CATHOLIC CHILDREN

Please complete and return this form to: St. Joseph's Catholic Primary School at the above address, no later than 15th January 2026.

QUESTIONS TO BE COMPLETED BY PARENT(S)/GUARDIAN(S)

1. Full Name of Child: Date of Birth:

2. Address:

..... Postcode:

Contact Telephone Number

3. Denomination: (Please tick one)

Church of England	<input type="checkbox"/>
Methodist	<input type="checkbox"/>
Baptist	<input type="checkbox"/>
Other Christian Denomination	<input type="checkbox"/>

4. Does the student have a sibling who has attended St Joseph's? Yes No (Please tick one)

IF YES TO NUMBER 4, PLEASE PROCEED TO NUMBER 9. FOR PARENT'S SIGNATURE(S) ONLY.

5. Name of Church at which applicant worships:

6. Address of Church:

7. Name of Minister/Pastor/Church Leader:

(Please ask the person named to complete the questions for Ministers overleaf.)

8. Has your child worshipped regularly (at least monthly) at this church over the last 12 months?

Yes No (Please tick one)

Name of parent(s)/guardian(s) (printed):

9. Signature(s): Date:

Please feel free to add any further comments relevant to this application:

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Name of Child:

Date of Birth:

QUESTIONS TO BE COMPLETED BY CHRISTIAN MINISTER

NOT REQUIRED FOR STUDENTS WHO HAVE OR HAVE HAD SIBLINGS AT ST JOSEPH'S OR ATTEND ONE OF THE CATHOLIC FEEDER PRIMARY SCHOOLS

1. Name:.....

2. Address:

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3. Name of Church(es) for which you are responsible:

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4. Denomination: (Please tick one)

Church of England – <i>Please go to Question 6</i>	<input type="checkbox"/>
Methodist – <i>Please go to Question 6</i>	<input type="checkbox"/>
Other Christian Denomination – <i>Please go to Question 5</i>	<input type="checkbox"/>

5. Do you and your congregation subscribe to the doctrine of the Trinity?

Yes No (Please tick)

6. How long have you known the child named overleaf?

PLEASE ENSURE THAT QUESTION 7. IS COMPLETED:

7. Can you confirm that the child applying has worshipped regularly (at least monthly) at your church over the last 12 months? Yes No (Please tick)

8. Do you support this application for a place at St Joseph's? Yes No (Please tick)

Signature: Date:

NAME: Tel:

Please feel free to add any further comments relevant to this application:

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