



CHRIST THE KING CATHOLIC COLLEGIATE

A Multi Academy Company



Together as one community with Christ at the centre

Mid-Term Transfer Student Application Form – Student Details			
Name of Child:		Male/Female (please delete as applicable)	
Date of Birth:		Age:	Current Year Group:
Name of Parent/Carer:			
Address (Please include Postcode):			
If you are moving house please tell us your new address and planned moving date:			
Telephone Number:			
Email address:			
Does your child have any additional educational needs, such as a Statement or EHCP (Educational Health Care Plan)? If yes, please provide details:			
Is your child a Baptised Catholic?		Yes/No (please delete as applicable)	
If yes, please state Catholic Church where baptism took place and date of baptism:		Church/Diocese: Date:	
If your child is not a Baptised Catholic, please state to which denomination or faith, if any, your child belongs:		
Does your child have a sibling currently attending St John Fisher Catholic College? (This includes full, half, step brothers and sisters who are living at the same address and are part of the same family unit)			
Looked After and previously Looked After Children: Is your child currently looked after?		Yes/No (please delete as applicable) – If yes, please confirm:	
		Local Authority	
Has your child previously been looked after?		Social Worker:.....	
		Tel No.	
		Yes/No (please delete as applicable) – If yes, please provide details:	

Is either parent of your child a serving member of the armed forces:	Yes/No (please delete as applicable)
School Name:	
Address:	
Telephone Number:	
Has your child ever received a fixed term exclusion or been permanently excluded from school?	YES / NO (please delete as applicable) If YES, please give details.
Date your child last attended this school:	
Please provide the reason(s) for requesting a change of school:	
Please note that this information may be shared with your child's current school	I understand that the information given may be shared with the current school. YES/NO (please delete as applicable)
<p>I confirm that I have Parental Responsibility and care of the child, and that the child lives</p> <p>withme. Name:</p> <p>.....</p> <p>Signed: Date</p> <p>Please circle as appropriate</p> <p>My relationship to the child is: parent / carer / foster carer / other (please give detail)</p> <p>.....</p>	

Please complete and return this form to admissions.sjfcc@ctkcc.co.uk

or by post to:

Admissions
Saint John Fisher Catholic College
Ashfields New Road
Newcastle under Lyme
Staffordshire
ST5 2SJ

www.ctkcc.co.uk | tel: 01782 615636 | ctkcc@sjfcc.net

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