



Bishop Challoner School

CATHOLIC INDEPENDENT SCHOOL FOR GIRLS AND BOYS

228 Bromley Road, Shortlands, Kent BR2 0BS

Telephone: 020 8460 3546 : Fax 020 8466 8885

Email: admissions@bishopchallonerschool.com www.bishopchallonerschool.com

Please affix recent photograph here

Application Form

Date required for entry _____ (m/y)

To Senior School (ages 11 to 18 years) Year

To Junior School (ages 4½ to 11 years) Year

To Nursery School (ages 3 to 4½ years)

For the Nursery School, please select session(s) required (minimum attendance 2 sessions)

Mon am/pm Tue am/pm Wed am/pm Thu am/pm Fri am/pm

Please indicate if you wish your child to be considered for the Junior School (at 4½) _____

If yes, please enter your proposed date of entry _____

Please complete BOTH SIDES in block capitals

Pupil's Surname _____ Gender Male Female

First Names (in full) _____

Address _____

Date of Birth _____ Proposed Date of Entry _____ Nationality _____

Religion _____ If Catholic – Parish and Priest _____

Date and Place of Baptism _____

Schools/Nursery attended during past two years _____

(References will be taken up from any existing or previous setting/school)

a) Father _____

Nationality _____

Occupation _____

Address _____

Telephone (Home) _____

Telephone (Work) _____

Email _____

Emergency Name & No. _____

b) Mother _____

Nationality _____

Occupation _____

Address _____

Telephone (Home) _____

Telephone (Work) _____

Email _____

Emergency Name & No. _____

Medical Information

Doctor's Name & Address _____

Does your child have any allergies/health problems that we should be aware of? If yes, please describe on reverse.

Does your child have any Special Educational Needs (SEN)? **Yes/No** If yes, please describe below.

A medical report is required for serious medical conditions, such as Asthma, Nut Allergies etc.

SEN Information: Are there any SEN concerns and/or has there been any SEN assessments carried out?

If there are any reports following specialist assessment ie educational psychologist, speech and language or area SENCo please also attach with this form.

Additional Information (e.g. Allergies, medical or other)

Ethnic Information

The Department for Children, Schools and Families require us to have on record the ethnic background of your child. Please tick the applicable box.

- | | |
|--|---|
| <input type="checkbox"/> WBRI White British | <input type="checkbox"/> AIND Asian Indian |
| <input type="checkbox"/> WIRI White Irish | <input type="checkbox"/> APKN Asian Pakistani |
| <input type="checkbox"/> WIRT White Travellers of Irish Heritage | <input type="checkbox"/> ABAN Asian Bangladeshi |
| <input type="checkbox"/> WOTH White Others | <input type="checkbox"/> AOTH Asian Others |
| <input type="checkbox"/> WROM White Romany | <input type="checkbox"/> BCRB Black Caribbean |
| <input type="checkbox"/> MWBC Mixed White and Black Caribbean | <input type="checkbox"/> BAFR Black African |
| <input type="checkbox"/> MWBA Mixed White and Black African | <input type="checkbox"/> BOTH Black Others |
| <input type="checkbox"/> MWAS Mixed White and Asian | <input type="checkbox"/> CHNE Chinese |
| <input type="checkbox"/> MOTH Mixed Others | <input type="checkbox"/> OOTH Other Ethnic Groups |

Nationality _____ Home Language _____

(Spoken at home)

Country of Passport _____ First Language _____

This form, when complete, should be sent to the Headteacher with the Registration Fee of £75.00. An interview with the Parent/Guardian and candidate will then be arranged. **A copy of the most recent school report/profile should be attached with this application form. I agree that the information I have provided is accurate at the time of application.**

I consent to receiving electronic communication from Bishop Challoner School

Signature _____ Date _____

Please tick one of the following questions:

Source of introduction to school – if personal by whom? _____

If by advertising – which publication? _____