



**ST JOSEPH'S CATHOLIC HIGH SCHOOL**  
Roman Catholic School  
in the Diocese of Northampton  
Headteacher: Mr C Stapleton MA, NPQH  
SPCAT Co. reg. no. 10435919



**APPLICATION FORM**

PLEASE COMPLETE AND RETURN TO:  
THE ADMISSIONS SECRETARY, ST JOSEPH'S CATHOLIC HIGH SCHOOL,  
SHAGGY CALF LANE, SLOUGH, SL2 5HW

SURNAME		FIRST NAMES	
DATE OF BIRTH		SEX: M/F	
ADDRESS		HOME TEL. NO.	
POST CODE			

IF NEW ARRIVAL IN UK – PLEASE GIVE YOUR DATE OF ENTRY	
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DETAILS OF PARENTS/GUARDIANS	
PARENT 1	PARENT 2
ADDRESS (IF DIFFERENT TO ABOVE)	ADDRESS (IF DIFFERENT TO ABOVE)
MOBILE:	MOBILE:
DAYTIME TEL NO:	DAYTIME TEL NO:

IF YOUR CHILD IS BAPTISED OR DEDICATED A COPY OF THE BAPTISM OR DEDICATION CERTIFICATE <u>MUST</u> BE ENCLOSED WITH YOUR APPLICATION	
RELIGION OF CHILD	
DATE AND PLACE OF BAPTISM / DEDICATION	
PLEASE TICK HERE TO CONFIRM THAT YOU HAVE INCLUDED A COPY OF THE BAPTISM OR DEDICATION CERTIFICATE WITH YOUR APPLICATION	

DETAILS OF PRESENT SCHOOL	
SCHOOL NAME:	
ADDRESS IF NOT IN SLOUGH AREA:	
POSTCODE:	
TEL:	FAX:



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<b>EMERGENCY CONTACT: (This should NOT be YOUR telephone number but that of a relative or friend)</b>	
<b>NAME:</b>	<b>RELATIONSHIP:</b>
<b>TELEPHONE NUMBER:</b>	

<b>PLEASE TICK IF APPLICABLE</b>	✓
Looked After Child, or previously Looked After Child	
Statemented Child	

**SIGNED** ..... **DATE**.....

**Relationship to child**.....