

# REGISTRATION FORM

## Application for a Place at St Gabriel's:

Year of Entry e.g. 2022

Term of Entry e.g. Autumn

Year Group e.g. Year 7

### Applicant Information

Full Name  
(as on birth certificate)

Name Known By  
(if different)

Date of Birth  
dd/mm/yyyy

Nationality

Religion

Principal Address

Postcode

### Parent Information

Parent 1 Full Name

Address  
(if different from pupil's)

Home Tel

Work Tel

Mobile Tel

Email

Occupation

Parent 2 Full Name

Address  
(if different from pupil's)

Home Tel

Work Tel

Mobile Tel

Email

Occupation

Do both parents have parental responsibility for the applicant?  
(If no, please give further details in a covering letter)

YES

NO

### Previous Education

Current School

Date of Entry

Address

Head Teacher

Tel

List Previous Schools

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