



Holy Ghost Catholic Primary School

Nightingale Square, London, SW12 8QJ
020 8673 3080



Admissions Form 2027-2028

In common with all Catholic primary schools in the Archdiocese of Southwark, information given will be confidential to those directly concerned with admissions at the school and your Parish Priest, Minister or Religious Leader. This form is required in addition to the Common Application Form which must be submitted directly to your local authority. You are strongly advised to read the school's admissions policy carefully, before completing this form.

If applying for a place at **Holy Ghost Catholic Primary School** (under the Catholic Faith criteria), please ensure you make an appointment to see the Parish Priest of the Parish you usually attend to complete a **Catholic Certificate of Practice**. You should return the Certificate of Catholic Practice certificate to the school office together with this Admissions Form and a copy of your child's **Baptism Certificate (if applicable) and proof of address**.

NB. For Reception Admissions, you must also complete a Common Application Form from your home Local Authority. Wandsworth residents can complete this [online here](#) or obtain a paper form from the Council's Pupil Services team.

For In Year admissions please contact the Holy Ghost School Office. If your child is already in a Wandsworth school, a school transfer form is available from your current school.

To be completed by a parent or guardian (referred to as the "parent")

Surname of child: _____ Date of Birth: _____

Christian/forename(s) of child: _____

Religion/Denomination of child: (eg Roman Catholic) _____

Date and place of Baptism (if applicable): _____

Parent's/Guardian's name: _____

Parent's/Guardian's religion: _____

Home address: _____
(must be the address where the child normally lives)

_____ Postcode: _____

Contact telephone number: _____
(Mother/Father/Carer)

Contact email address: _____

Details of siblings:

If your child already has an older brother or sister attending Holy Ghost Catholic Primary School, who will still be on the roll in September 2027 please give details below:

Name(s): _____

Please add any other information that you may feel is relevant to this application in relation to the school's admissions policy in respect of an established medical need that may make only Holy Ghost school suitable for your child. Strong and relevant evidence must be provided by an appropriate authority (eg *qualified medical practitioner or educational psychologist*). Continue on a separate sheet as necessary.

- I/we have received, read and understood the full details of the Holy Ghost Catholic Primary School Admissions Policy published on the school's website.
- I/we agree that the information on this form is true and accurate. I/we understand that any false or deliberately misleading information given on this form may render this application invalid, or lead to the offer of a place being withdrawn.

Signed: _____ (Parent/carer)

Date: _____

Checklist:

1. Completed the Common Application Form for your local authority (eg. Wandsworth, Lambeth, Croydon) for the academic year beginning September 2027. ☐
2. Enclosed Catholic Certificate of Practice (if Catholic) ☐
3. Enclosed Baptismal or equivalent certificate. ☐
4. Enclosed current financial year's council tax / bank statement. ☐

Data Protection Act 1998

The information provided on this form will be used for admission purposes only. This information may also be shared with Wandsworth Council to verify the information given and for the prevention and detection of fraud in relation to admission applications.



ARCHDIOCESE OF SOUTHWARK

CERTIFICATE OF CATHOLIC PRACTICE

Details of child (for identification only)

Full name of child: _____ Address
of child: _____

Postcode: _____ Date of Birth: _____

I am [the child's parish priest] [the priest in charge of the Church where the family practices] **[delete as applicable]**

I hereby certify that this child and his/her family are known to me and, to the best of my knowledge and belief, the child is a practicing Catholic.

Priest's name _____ Position _____ Parish
(or ethnic chaplaincy) _____ Address

Telephone _____

Priest's signature _____

Parish stamp or seal

Date _____