



T: 01865 749933
E: stgregory@dbmac.org.uk

St Gregory the Great Catholic School

Cricket Road
Oxford
OX4 3DR
'opera in caritate'



Deputy Head of Secondary
Mrs H Pallier

Head of Secondary School
Mr S Tucker

Head of Primary School
Mrs H Forder-Ball

In Year Admissions - SUPPLEMENTARY FORM

Surname:					Forename:						
Date of Birth:					Male/Female:						
Address:											
Postcode:				Email:							
Telephone Number:				Mobile:							
Preferred method of contact:				Post <input type="checkbox"/>		Telephone <input type="checkbox"/>		Email <input type="checkbox"/>		Mobile <input type="checkbox"/>	
Name of Parent/Guardian:											
Please tick year group to enter.											
Primary School	Reception		Yr 1		Yr 2		Yr 3		Yr 4		Yr 5
Secondary School			Yr 7		Yr 8		Yr 9		Yr10		Yr11

If moving on from primary school please state year the child is due to commence in Year 7 September: _____

Has the child a brother or sister attending the school?		Yes		No	
If yes, in which year group and child's name					

FOR CHILDREN WHO HAVE BEEN BAPTISED INTO THE ROMAN CATHOLIC FAITH

VERY IMPORTANT

Applications for all Catholic children MUST BE ACCOMPANIED BY A COPY OF THE CHILD'S BAPTISMAL CERTIFICATE OR CERTIFICATE OF RECEPTION.

Failure to provide evidence of Baptism or Reception may affect the category into which the child's application is placed. (Recent arrivals in the UK may present a letter of recommendation from their Parish Priest).

Name of Parish where the child was Baptised:
Town/City where the child was Baptised:
Year of Baptism:

Signed: _____ (Parent/Guardian) Date: _____

Please return your completed form to the Admissions Officer at the address above

Date Applied		Date Received		Waiting List Yes/No
Next Governor Meeting		Place Offered Yr Gp		

