



ST JOAN OF ARC CATHOLIC SCHOOL

LOVE CHRIST, INSPIRE OTHERS

High Street, Rickmansworth, Hertfordshire WD3 1HG

Telephone: (01923) 773881

In-Year Admission Form (IYAF)

Please complete this form clearly in black ink

1. Child's Surname: Christian Name(s):
- Sex: Date of Birth:
- Address:
..... Post Code:
- Home telephone number: Mobile Number:
- Email address:.....
- Parish of regular worship:
- Current School:
- Year Group required (please circle one): Year 7 Year 8 Year 9 Year 10 Year 11
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2. Is your child baptised a Catholic? Yes / No
(A copy of your child's Baptism Certificate must be attached to your application)

Does your child have a Certificate of Catholic Practice? Yes / No

If yes, parents wishing their child to be considered under this Criterion are requested to obtain a Certificate of Catholic Practice from their Parish Priest (Original Certificate of Catholic Practice must be attached to your application)

Please read the oversubscription criteria from the Admissions Policy available on the website (www.joa.herts.sch.uk) and tick which criterion you are applying under:

- Criterion (1)** Catholic children looked after and children previously looked after by a local authority
- Criterion (2)** Baptised Catholic Children with a Certificate of Catholic Practice
- Criterion (3)** Baptised Catholic Children from other Catholic families
- Criterion (4)** Other children looked after and children previously looked after by a local authority
- Criterion (5)** Siblings, other than those covered in criterion 1 to 4.
- Criterion (6)** Children of other Christian denominations
- Criterion (7)** All other applicants not covered by criteria 1 – 6

Note: If applying under Criterion 6 'Children of other Christian denominations' we require their original baptism certificate or a letter from their minister/faith leader confirming membership of the faith community which must be seen and photocopied by St Joan of Arc Catholic School.

I have read the full Admissions Policy and understand that within each criteria applications will be considered in accordance with the identified priority order Yes / No

I have enclosed a photocopy of my child's Baptismal Certificate Yes / No

The Governors will give top priority to an application within each criterion where there is **compelling** evidence of an **exceptional social, medical or pastoral need** of the child, which can only be met at this school. This **must** be outlined in a letter describing the exceptional circumstances and supported by recent detailed documentary evidence from an appropriate professional submitted **with** the application form. Please note these should be **exceptional** needs explaining why St Joan's would best meet those needs and why they could not be met at another maintained school.

Are there any **Exceptional Social, Medical or Pastoral Needs** that you wish the Governors Admission Panel to consider as part of your child's application Yes / No

Please outline your reasons for seeking an "In-Year Admission" for your child (continue on a separate sheet if required).

Parent/Guardian Full Name (Printed):

Signed by Parent/Guardian:Date: