



# St Michael's Catholic College

*A Rigorous Learning Community*

Llewelyn Street, London, SE16 4UN Telephone: 020 7237 6432

Email: [contact@stmichaelscollege.org.uk](mailto:contact@stmichaelscollege.org.uk) Website: [www.stmichaelscollege.org.uk](http://www.stmichaelscollege.org.uk)

Principal: Ms C Corcoran

Vice Principal: Ms C Sayed Interim Principal: Ms J Nottage

## PARENT FORM – IN YEAR APPLICATION 2025-2026

PLEASE WRITE IN BLOCK CAPITALS AND USE BLACK INK

**PARENT/GUARDIAN FORM - To be completed by the Parent or Guardian**

**NB Applicants should also complete a In Year Application Form (available from Local Education Authorities)**

Full name of child: .....

Date of birth: .....

Home Address: .....

..... Post Code: .....

Day/Evening telephone no: .....

Email address: .....

Present Secondary School: .....

Primary School attended.....

Reason for application.....

.....

Address: .....

..... Post Code: .....

Parish (es) where Mass is attended:

.....

Name(s) of Parish Priest(s): .....

1 Governors consider sustained, regularity of Mass attendance; which means frequency of attendance over the past three years.

If the parent/child attends or has attended Mass in more than one Parish during the past three years the Parents/Guardians should provide a supplementary form for each Parish Priest. Further copies of the Priest's reference form are available from the College.

## PARENT OR GUARDIAN

Parent/Guardian Surname: ..... Forename: .....

Religion: ..... Relationship: .....

Address (if different from above):  
.....  
.....

..... Post Code: .....

Does your child have any brothers or sisters attending St Michael's at the time of admission?

(Please tick) ☐ Yes ☐ No

If yes, give details below:

Child's Name: ..... Date of Birth: ..... Year: .....

Child's Name: ..... Date of Birth: ..... Year: .....

If there are exceptional social, medical, or pastoral needs which can be met most appropriately at this College please state them below and provide documentary evidence from an appropriate professional authority (e.g. qualified medical practitioner, education welfare officer, social worker, Catholic priest).  
.....  
.....  
.....

Please sign below and deliver this form to the College office. Parents should also deliver **proof of address\*** and a copy of the child's **Baptism Certificate** or an official, certified record of their child's Baptism to the College and a Certificate of Catholic Practice. **Please ensure a Parent/Guardian signs below:**

Signature (Parent/Guardian): ..... Date: .....

### For office use only

Date received by the college: .....

*\*Appropriate proofs of address:*

*Bank statement  
Driving license  
Utility bill (not a mobile phone bill)  
Council Tax bill  
Rent book*

