FORM A



BISHOP PEROWNE APPLICATION FORM September 2021

Parents/Carers are asked to complete and return this form A to the Admissions Officer at the College by **31 October 2020.**

The Governors require this information to determine admissions. In particular they need to know under which criterion or criteria parents/carers are applying. Failure to complete this form may affect the priority accorded to the application.

Please therefore ensure that any supporting information, such as Form B or a letter from a doctor, is submitted to the College by the deadline, as detailed above.

Details of Child: Surname:		Forename :		
Other Name (s):		Chosen Name:	Chosen Name:	
Male/Female:	Date of Birth:		For office use	
School Currently Attending:				
Home Address (including po	ostcode):		Telephone Number:	
Name of parent/carer applyir child: (Mr/Mrs/Miss/Ms)	ng on behalf of			
Address for correspondence that of child):	(if different from			
Daytime contact telephone n	iumber:			
Form B: *Enclosed w	vith this form/*To follow one	ice completed		