

### Catholic Primary Schools Supplementary Form

<b>Surname of Child:</b>	
<b>Forename(s) of Child:</b>	
<b>Date of Birth:</b>	
<b>Child's permanent address:</b>	
<b>Postcode:</b>	
<b>Parent/Carer's full name</b>	<b>Parent/Carer's full name</b>
<b>Address (if different from above)</b>	<b>Address (if different from above)</b>
<b>Postcode:</b>	<b>Postcode:</b>
<b>Telephone home:</b>	<b>Telephone home:</b>
<b>Mobile:</b>	<b>Mobile:</b>
<b>With whom does the child live?</b>	
<b>Child's Faith:</b>	
<b>Is the child baptised?</b>	<b>Yes [ ]    No [ ]</b>
Please add here any other information you feel is relevant to this application in relation to the school's admissions policy in respect of exceptional medical, social and pastoral needs of your child that make only this school suitable for them. Strong and relevant evidence must be provided by an appropriate professional authority (eg qualified medical practitioner, education welfare officer, social worker or priest).	Please tick here and write on the reverse of the form

**Should you be unsuccessful but wish to remain on our waiting list PLEASE CONTACT THE SCHOOL OFFICE ON 01843 585555.**

**Signature of person with Parental responsibility**

\_\_\_\_\_ **Date** \_\_\_\_\_