

Holy Cross Catholic Primary School

SUPPLEMENTARY INFORMATION FORM

For photocopying purposes, please complete clearly in block letters using black ink

PART A: To be completed by the parent(s)/guardian(s) and returned to the school.

| Child's surname: Child's forename | | | | | |
|--|--|--|--|--|--|
| Address: | | | | | |
| Telephone: | | | | | |
| Child's date of birth: male/female * please delete | | | | | |
| Religion: | | | | | |
| Date and place of baptism: (please attach a copy of the Baptism certificate) | | | | | |
| | | | | | |
| | | | | | |
| Details of any brothers and sisters who will be already attending the school at the date of admission: | | | | | |
| Name: date of birth: | | | | | |
| Name: date of birth: | | | | | |
| Name and address of current school/nursery: | | | | | |
| | | | | | |
| | | | | | |
| Signature of mother: | | | | | |

AFTER BEING SIGNED BY A CHURCH LEADER RETURN 'PART B' DIRECTLY TO THE SCHOOL

If you are a practising Catholic, please ask your priest for a completed Certificate of Practice

For Non Catholics:

PART B: CHURCH LEADER'S REFERENCE

TO BE RETURNED TO HOLY CROSS CATHOLIC PRIMARY SCHOOL

Please give this form to your Church Leader to support your application for a place at Holy Cross Catholic Primary School.

| Parent to | o complete this | section before giving it to a Ch | urch Leader | | |
|---------------------------|---------------------------------------|--|--|-----------------|------------------|
| Name of | Child: | | | | |
| Name of | Parent(s): | | | | |
| Address | : (the normal fa | mily home*) | | | |
| | | | | | |
| | | | | | |
| ı | Postcode | | | | |
| - | Telephone | | | | |
| | • | | | | |
| attempt to forms part | mislead the school of the governing l | ally lives. The address of another relativ I may result in the withdrawal of an off ody's policy for admissions. If the child ce with the admissions criteria of the sc | fer of a place, particular I lives at more than one | ly where proxim | ity to the schoo |
| WITICITISTE | ievant in accordar | te with the damissions thieria of the sc | 11001. | | |
| Church Leader to complete | | | | (Please circle) | |
| 1. | The parents are | known to me | | Yes | No |
| 2. | The child is kno | wn to me | | Yes | No |
| 3. I | consider the c | hild to be a member of a practis | sing | | |
| | your denomin | fa ation here) | amily | Yes | No |
| · | . • | DER: | | | |
| 7.07.00 | . CHOROITEEA | | | | |
| POSITIO | N: | | | | |
| DATE: | | | | | |

Church Leader's Signature & Church stamp

Thank you for taking the time to complete this form. We are grateful for your prompt attention. Please could you ensure the form is returned to the Admission Officer at the school.

