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 Office by 15th January 2027.

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: …… Signature of father: ……

Strictly Private and Confidential

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 complete this section before giving it to a Church Leader

Name of Child: _____

Name of Parent(s): _____

Address: (the normal family home*)

_____

_____

Postcode _____

Telephone _____

**This Is where the child normally lives. The address of another relative or a temporary address is not acceptable. Any attempt to mislead the school may result in the withdrawal of an offer of a place, particularly where proximity to the school forms part of the governing body's policy for admissions. If the child lives at more than one address, please give the address which is relevant in accordance with the admissions criteria of the school.*

Church Leader to complete *(Please circle)*

1. The parents are known to me	**Yes**	**No**
2. The child is known to me	**Yes**	**No**
3. I consider the child to be a member of a practising ……. family (your denomination here)	**Yes**	**No**

NAME OF CHURCH LEADER: _____

POSITION: _____

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 **by 15th January 2026.**