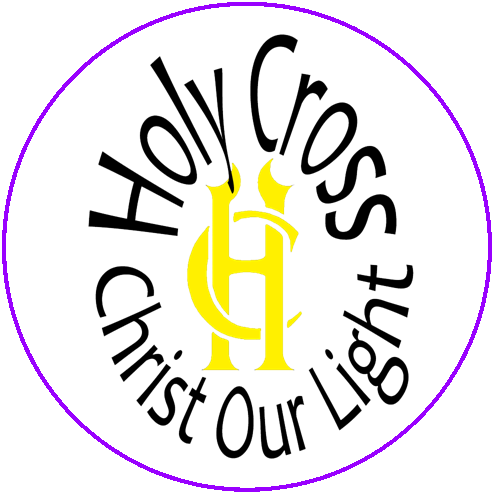
**Supplementary Information Form**

**For In Year Admissions**

Holy Cross Catholic Primary School



MISSION STATEMENT

Our mission is to enable every child to discover their talents, realise their potential, and achieve their dreams by living, laughing and learning together, anchored in the love of Christ, always asking, ‘What would Jesus do?’**Supplementary Information Form**



**For In Year Admissions**

|  |
| --- |
| **SECTION 1 – CHILD’S DETAILS**  *I/We are applying for a school place for-*  **Child’s Name** (in full) ..................................................................................................  **Child’s Date of birth** \_\_/\_\_/\_\_  **Address**.........................................................................................................................  ........................................................................................................................................  **Post Code**...................................... **Telephone No**.....................................................  **Contact Email address** .................................................................................................  Which school does your child currently attend? ............................................................  Current Year Group? .....................................................................................................  *Please indicate when you wish your child to start, if a place is available?*  ASAP or Start of Next Academic Year  *Do you wish your child to be placed on a waiting list if a place is* ***not*** *currently available?*  YES NO  *Have you completed the Isle of Wight Local Authority Admissions Form? Yes / No (This is mandatory if you are moving to the Island or already resident here)* |
| **SECTION 2 – PARENT’S/CARER’S DETAILS**  **Name of Mother:** (Mrs/Ms/Miss)........................................................................................  **Name of Father:** ...............................................................................................................  **OR- Name of Carer(s):** (Mr/Mrs/Ms/Miss)………………………………………….....….……  ……………………………………………………………………………….............…....……….  *What is your relationship with the child? eg: Foster parent, legal guardian, etc.*  …………………………………………………………………………………….................……  Do you have any other children/ siblings currently in this school?  YES NO *If yes please give names and year groups* ....................................  ..............................................................................................................................................  **SECTION 3 – CATHOLIC BAPTISM OR CHRISTIAN BAPTISM/SERVICE OF DEDICATION**  **Has your child been baptised or been through a service of dedication?**  Yes No  ***If yes - Please supply the following details and enclose Baptism Certificate or supporting documentation for the Service of Dedication.***  Catholic Baptism Christian Baptism or Dedication *Please tick relevant box*  Place of baptism/dedication: .....................................................................................  Date of baptism/dedication: .......................................................................................  The parish within which you live: ..............................................................................  ***If no- Has any parent/guardian/grandparent been baptised in the Catholic Church?***  Yes No  ***If yes - Please supply the following details of the 2 closest relatives and enclose Baptism Certificates or a letter of confirmation of Baptism from the relevant church.***  (1) Name:................................................Relationship to child....................................  Date of Catholic Baptism..............................................................................................  Place of Catholic Baptism.............................................................................................    (2) Name..................................................Relationship to child....................................  Date of Catholic Baptism...............................................................................................  Place of Catholic Baptism.............................................................................................. |
| **SECTION 4 – PUPILS OF OTHER FAITH TRADITIONS**  **Please indicate your faith tradition:**  .....................................................................................................................................  ***Please supply a letter of confirmation from your faith leader*** |
| **Declaration**  **I believe the information given above to be true and correct. I understand that if I do not provide the appropriate evdience with this form, such as a Baptism Certificate, my child’s application is likely to be allocated to Category H of the admissions criteria.**  Signed............................................................................. Date...................................  (Parent/ Carer) |