

# Supplementary Information Form

## GREAT CROSBY CATHOLIC PRIMARY SCHOOL

### APPLICATION FOR ADMISSION TO RECEPTION 2017

PRIORITY \_\_\_\_\_

(office use only)

|                                    |                     |
|------------------------------------|---------------------|
| Surname of child _____             | Date of Birth _____ |
| Forename(s) of child _____         | Sex M/F _____       |
| Name by which child is known _____ |                     |

|                             |                        |
|-----------------------------|------------------------|
| Address _____               | Post Code _____        |
| Home Telephone Number _____ | Mobile number _____    |
| Name of Mother _____        | NI number/D.O.B _____  |
| Name of Father _____        | NI number/D.O.Br _____ |
| Email address _____         |                        |

|   |
|---|
| <b>For children of a Christian Faith</b>  |
| Date of Baptism _____ Parish of Baptism _____   |
| <b>Baptismal Certificate</b> produced (Yes/No)  |
| <b>Birth Certificate</b> produced (Yes/No)  |
| <b>Proof of residency</b> (Current utility bill) produced (Yes/No)  |
| <b>(A copy of the Baptismal and Birth Certificate must be produced)</b>   |
| <b>For children of other Faiths</b> _____ (Faith)   |
| Letter of confirmation from appropriate Minister produced (Yes/No)  |
| Birth Certificate produced (Yes/No)   |
| (A copy of the Birth Certificate must be produced and Letter of confirmation from appropriate minister may be required) |

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| <b>Other children already in Great Crosby</b> (Yes/No (Name) |
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Pre-school experience for children entering Reception classes  
(Playgroup/Nursery/Kindergarten) \_\_\_\_\_

Signed \_\_\_\_\_ Date form received in office \_\_\_\_\_