

# Supplementary Information Form

## GREAT CROSBY CATHOLIC PRIMARY SCHOOL

### APPLICATION FOR ADMISSION TO RECEPTION 2018

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.B _____
Email address _____	

<b>For children of a Christian Faith/ A copy of the Baptismal and Birth Certificate must be produced)</b>
Date of Baptism _____ Parish of Baptism _____
Baptismal certificate produced (Yes/No)
Birth Certificate produced (Yes/No)
Proof of residency(Current utility bill) produced (Yes/No)
For children of other Faiths _____ (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)

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

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