

Supplementary Information Form

GREAT CROSBY CATHOLIC PRIMARY SCHOOL

APPLICATION FOR ADMISSION TO RECEPTION

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 _____

For children of a Christian Faith/ A copy of the Baptismal and Birth Certificate must be produced)

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)

Other children already in Great Crosby (Yes/No (Name)

Pre-school experience for children entering Reception classes
(Playgroup/Nursery/Kindergarten) _____

Signed _____ Date form received in office _____