

Full name of child

St Francis Catholic Primary School

Myers Lane, Bradford BD2 4ES Tel. 01274 638520

Email: office@fra.bcwcat.co.uk





Headteacher Mrs A. Haines Deputy Headteacher Miss S. Burgess

Together we are exploring our special gifts; Together we are growing towards God

SUPPLEMENTARY INFORMATION FORM FOR ADMISSION TO A VOLUNTARY AIDED CATHOLIC SCHOOL

The school to which you are applying is a voluntary aided Catholic school. The school is designated as a school with a religious character and as such is permitted to give priority to applicants who are of the faith of the school.

The governing body has responsibility for admissions to the school. In order to apply the school's oversubscription criteria the governing body requires additional information that is not collected on the local authority's Common Application Form. This information can be supplied by completing this Supplementary Information Form. *Failure to complete this form may affect the oversubscription criteria in which your child is placed.*

(including surname)	
Date of birth (please attach copy of birth certificate)	
Child's permanent address including postcode	
Contact telephone number(s)	
Email address	
Religion of child	
Full name of parent/carer	Relationship to child

If, at the time of admission, you v	III have other children attending this school	, please provide details below:
Full name(s)	D	Pate(s) of birth
CATHOLIC CHILDREN		
If you think that your application below and attach the evidence rec	hould be considered under category 1-4 the uested.	en you must supply the information
Date of baptism (You must attach proof of baptism i.e. baptism certificate or a letter from your priest)	Place of baptism and address	
Name of your parish priest		
EASTERN CHRISTIAN CHURCH If you think that your application baptism as requested in the admis	hould be considered under category 5 then sion policy.	you must supply evidence of
Date of Baptism (You must attach proof of baptism i.e. baptism certificate or a letter from the authorities of the church)	Place of Baptism an address	nd
Name of Eastern Christian Church of which you are a member		
understand that I must notify the	issions Policy of the school and that the info chool immediately if there is any change to be inaccurate, the governing body may with I.	these details and that, should any
Signed		Date
Please r	eturn your completed form to t	he school.
For school use only		
Date SIF received		
Verification of baptism		