**DIOCESE OF LANCASTER**

**ADMISSION TO CATHOLIC SCHOOLS SEPTEMBER 2024**

**SUPPLEMENTARY INFORMATION FORM**

If you are applying for a place for your child in a St Anthony’s Catholic School on faith grounds please complete this form **in addition** to the Local Authority Form available online or issued by the Local Authority.

This supplementary information form will assist the Governors of the school in deciding whether your child qualifies for a place. Failure to complete the form may affect where your child is placed within the oversubscription criteria.

***This form must be completed by the parent/guardian***

1. Name of Child: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Are you applying for a place because of:** (You may tick more than one box)

Living in local area Special social/medical needs

Sibling in school Faith commitment

**If you are applying on faith grounds, complete the following sections:**

1. Parish or area of faith community in which you live \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If a **Catholic**, I confirm that the applicant is a baptised Catholic and enclose proof of baptism eg. Copy of Baptismal Certificate or details of place and date of baptism

 Yes No

1. Name(s) of any sibling(s) who will be attending St Anthony’s at time of the applicant’s planned admission in September 2024

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE** (Parent/Carer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**: \_\_\_\_\_\_\_\_\_\_\_\_

**Please return form to:**

**St Anthony’s Catholic Primary School, St Anthony’s Drive, Fulwood,** **PRESTON, PR2 3SQ BY 15th January 2024 for the attention of the School Business Manager. Any forms received after this date will not be considered as part of the admissions criteria.**