

**St Pancras Catholic Primary School**

**Supplementary Information Form for In-Year Application Admissions**

**IMPORTANT:** In accordance with the school’s published Admissions Policy (available on the school website) you are required to complete and return this form, along with any associated documentation, and your Suffolk County Council In-Year Application Form (ADM1) to The Head of School, St Pancras Catholic Primary School, Stratford Road, IP1 6EF.

I have completed my own Local Authority’s school application form YES / NO

Does your child have a Statement of Special Education Needs YES / NO

or an Education, Health and Care Plan?

Is your child / has your child been in the care of the Local Authority

(also known as “looked after”)? YES / NO

Name of Child …………………………………………………………………………………………………………………………………..

Date of Birth …………………………………………………………….. Gender MALE / FEMALE …………………………….

Name of Parent/Carer ……………………………………………………………………………………………………………………..

Home Address ………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………..

Telephone Number …………………………………………………………………………………………………………………………...

1. If **Catholic** please state:

Date of Baptism **…………………………………………………………………………………………………………………**

Place / Parish of Baptism **………………………………………………………………………………………………….**

Please enclose a ***copy of your child’s Catholic Baptismal Certificate.*** We cannot recognise children as being Catholic without this evidence.

1. If your child is due to be baptised into the Catholic Church, is of another Christian denomination or is of another faith, please provide a copy of any Baptismal certificate or a letter of proof from a religious leader, as appropriate.
2. Does your child have any brothers or sisters who currently attend St Pancras Catholic Primary School.

If so please give their name(s) and date (s) of birth ………………………………………………………………………………………………...