

## SUPPLEMENTARY INFORMATION FORM FOR IN-YEAR ADMISSIONS

*This form should be completed when applying for a place in a Catholic School in the Diocese of Arundel & Brighton.*

### PART 1 *(To be completed by ALL parents or carers)*

Surname of child: .....		Forename(s) of child: .....	
Date of birth: .....		Boy <input type="checkbox"/>	Girl <input type="checkbox"/> <i>(please tick)</i>
Religion/Denomination: (eg Roman Catholic) .....		If no faith affiliation, insert cross in box <input type="checkbox"/>	
Date and place of Baptism (if applicable) .....			
Child's home address*: .....			
.....		Postcode .....	
Parent/Guardian/Carer's Name: .....			
Address .....			
Post Code .....	Tel No (Day): .....		Tel No (Evening): .....
Email address .....			
Parent/Guardian/Carer's Name: .....			
Address (if different from above) .....			
Email address .....			
Tel No (Day): .....		Tel No (Evening): .....	
Current School and location currently attended by applicant .....			
Name of sibling/s who will be attending St Charles Borromeo Catholic School at the time of admission (if applicable):			
.....		Year Group/s: .....	
.....		Year Group/s: .....	

*\* This should be a residential property that is your child's only or main residence at which your child spends the majority of weekday nights (see note in admission policy).*

**PART 2 (To be completed by ALL parents or carers)**

I confirm that I have completed a Local Authority Common Application Form  Yes  No

I confirm that I have read and understood the Admissions Policy and that the information I have given on this form is accurate and truthful. I understand that I must notify the school immediately if there is any change to these details and that should any information I have given prove false, the governors may withdraw any offer of a place even if the child has already started school.

Signed: ..... Parent/Carer Date: .....

**PART 3 (ONLY to be completed by parents or carers where exceptional medical/social needs apply)**

Please add here any other information you may feel is relevant to this application in relation to the school's admissions policy in respect of exceptional medical or social needs of your child that make only this school suitable for them. Strong and relevant evidence must be provided by an appropriate professional authority (continue on a separate sheet if necessary).

**ON RETURNING THIS FORM THE FOLLOWING SHOULD BE INCLUDED:**

- **Original Baptism Certificate**
- **Proof of Address (either a utility bill or council tax bill) - original documents will be photocopied and returned**
- **Supporting written evidence (if you are applying under 'exceptional medical or social need')**

**IF WE ARE NOT ABLE TO OFFER YOUR CHILD A PLACE IN THE SCHOOL, HE/SHE WILL BE PLACED ON THE WAITING LIST FOR THIS ACADEMIC YEAR. PLEASE CONTACT THE SCHOOL OFFICE AT THE BEGINNING OF EACH ACADEMIC YEAR (SEPTEMBER) IF YOU WISH YOUR CHILD TO REMAIN ON THE WAITING LIST.**

*Note: For further information on the way we use your data, please see the Xavier Catholic Education Trust Privacy Notice. This can be found on the Xavier Catholic Education Trust website in the About section under the list of Central Policies and Financial statements.*

**Date Received by office .....**

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