**Diocese of Middlesbrough**

**St Charles’ VC Academy**

**SUPPLEMENTARY INFORMATION FORM**

|  |
| --- |
| **Name and Address of School:****St Charles’ VC Academy, Norfolk Street, Hull. HU2 9AA** |

**Child’s Details**

|  |  |
| --- | --- |
| Child’s Surname: |  |
| Child’s Forename |  |
| Date of Birth: |  |
| Home Address: |  |
| Postcode |  |

**Parent/Carer Details**

|  |  |
| --- | --- |
| Parent ‘s Name(Mr/Ms/Miss/Mrs) |  |
| Address (if different from above): |  |
| Mobile Telephone |  |
| Email Address |  |

**Details of Religion**

|  |  |  |  |
| --- | --- | --- | --- |
| Religion of child:(Please tick) | Catholic | Other Christian (name of denomination) | Other faith |
| Catholic Parish you live in: |  |
| Church where child was baptised and date of baptism: (baptism certificate required) |  |
| Name and position of priest or religious leader supplying reference (where appropriate): |  |
| Applicants from other Christian denominations and other faiths may attach a letter, confirming membership from their minister or religious leader |

**I confirm that I have read and understood the Admissions Policy and that the information I have provided is correct. 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 to be inaccurate that the Directors may withdraw any offer of a place even if the child has already started school.**

Signed……………………………………………………………………. Date…………. …..…………………

**Checklist:**

You **MUST** complete your Local Authority’s Common Application Form and return it as instructed to them by the closing date. If this is not done, your application cannot be looked at**.**

**Have you enclosed:**Copy of baptism certificate

Certificate of Catholic Practice (where necessary)

Evidence of exceptional need (where necessary).