



St Anne Line Infant School



SUPPLEMENTARY INFORMATION FORM

For photocopying purposes, please complete clearly in block letters using black ink

PART A

To be completed by the parent(s)/guardian(s) and returned directly to the school by the closing date of 31st January 2025

Child's surname: Child's forename:

Address:

Telephone:

Child's date of birth : male/female * (please delete)

Religion:

Date and place of baptism: **(please attach a copy of the baptism certificate)**

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Details of any brothers and sisters who will be already attending the school at the date of admission:

Name: date of birth:

Name: date of birth:

Name and address of current school/nursery:

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Signature of mother: Signature of father:



CHURCH LEADER'S REFERENCE



TO BE RETURNED TO **ST ANNE LINE INFANT SCHOOL**

For Catholics - If you are a practising Catholic, please ask your priest for a completed

Certificate of Catholic Practice

Return the Certificate of Catholic Practice to the school along with Part A only of this form

For Non-Catholics - Please give this form to your Church Leader to support your application for a place at St Anne Line Infant School. Parts A and B to be returned to the school directly.

Parents to complete this section before giving it to a Church Leader

Name of Child:

Name of Parent/s:

Address: (the normal family home*)

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Postcode: Telephone:

**This is where the child normally lives. The address of another relative or a temporary address is not acceptable. Any attempt to mislead the school may result in the withdrawal of an offer of a place, particularly where proximity to the school forms part of the governing body's policy for admissions. If the child lives at more than one address, please give the address which is relevant in accordance with the admissions criteria of the school.*

Church Leader to complete

(Please circle)

(If the parent is the church leader, then another leader (impartial and not related) needs to sign the form indicating who they are in their role)

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|--|-----|----|
| 1. The parents are known to me | YES | NO |
| 2. The child is known to me | YES | NO |
| 3. I consider the child to be a member of a practising | | |
| family | YES | NO |
| (your denomination here) | | |

NAME OF CHURCH LEADER:

POSITION: DATE:

CHURCH LEADER'S SIGNATURE & CHURCH STAMP:

Thank you for taking the time to complete this form. We are grateful for your prompt attention. Please ensure you return this form direct to St Anne Line Infant School & Nursery.