

St. Bede's Catholic College

Long Cross, Lawrence Weston, Bristol, BS11 0SU. Telephone Number: 0117 3772200 Fax Number: 0117 3772201

E-Mail: contact@stbedesc.org Website: www.stbedesc.org

Principal: Ms C Hughes, B.Ed.

ADMISSIONS FOR SEPTEMBER 2017

SUPPLEMENTARY INFORMATION FORM

THIS IS NOT AN APPLICATION FORM. HOWEVER, GIVEN THAT ST BEDE'S IS HEAVILY OVERSUBSCRIBED THIS FORM MUST BE COMPLETED IN ADDITION TO THE LOCAL AUTHORITY COMMON TRANSFER FORM FOR ANYONE WISHING TO BE CONSIDERED FOR A PLACE UNDER CRITERIA 7.1, 7.2, 7.3, 7.4, 7.6, 7.7, 7.8, 7.9 (RELIGIONS, SIBLINGS OR STAFF CRITERIA).

THIS FORM SHOULD BE RETURNED TO THE COLLEGE BY 31 OCTOBER 2016.

SECTION 1: CHILD'S DETAILS:

Surname: _____ Date of Birth: _____

Forenames: _____

Address: _____

_____ Post Code: _____

SECTION 2: PARENT/CARER DETAILS:

Details of one or two parents/carers can be supplied. This information will be used to return Baptismal and/or Communion certificates and to confirm receipt of Supplementary Form, if requested.

Surname: _____

Forenames: _____

Title: _____

Relationship: _____

Email: _____ Home Telephone Number: _____

Address (if different to child): _____

SECTION 3: CATHOLIC CHILDREN: Criteria 7.2, 7.3, 7.4

| | Date | Place - Church and Parish |
|-----------------------------------|------|---------------------------|
| Baptism of Applicant | | |
| First Holy Communion of Applicant | | |

PLEASE SUBMIT A COPY OF YOUR CHILD'S BAPTISM CERTIFICATE AND EVIDENCE OF FIRST HOLY COMMUNION WITH THIS FORM *(the originals should be available for inspection, if required)*

FOR THOSE WISHING FOR THE CHILDS APPLICATION TO BE CONSIDERED UNDER 7.9, PLEASE PROVIDE EVIDENCE OF THE BAPTISM OF THE PARENT.

SECTION 4: SCHOOL HISTORY— TO BE COMPLETED BY ALL APPLICANTS requesting a place under oversubscription criteria 7.2

| School Name | School Address |
|-------------|----------------|
| | |

SECTION 5: TO BE COMPLETED FOR SIBLING APPLICANTS ONLY

Please give names of brothers/sisters already attending St. Bede's Catholic College.

| Name | Tutor Group |
|------|-------------|
| | |
| | |
| | |

SECTION 6: TO BE COMPLETED BY APPLICANTS WHO ARE NOT ROMAN CATHOLIC Criteria 7.8

Child's Religion: _____

Please provide evidence that the child is a member of a Christian Church

SECTION 7: PARENT/CARER SIGNATURE(S) - TO BE COMPLETED BY AT LEAST ONE PARENT/CARER

The following person(s) has/have parental responsibility:

Parent(s)/Carer(s)

Print Name(s): _____

Signature: _____

Date: _____

If you wish to receive acknowledgement of this form please enclose a stamped addressed envelope. Thank you.

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ST. BEDE'S CATHOLIC COLLEGE BY 31 OCTOBER 2016**