**ELLESMERE PORT CATHOLIC HIGH SCHOOL**

**Supplementary Information Form – Entry September 2019**

**Confidential**

Please complete both sides in CAPITALS and return to the School

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| Please note: This is **NOT** an Admissions Form. You will have to make a formal application via the local authority: via Cheshire West and Chester.You can do this on-line: [www.cheshirewestandchester.gov.uk/admissions](http://www.cheshirewestandchester.gov.uk/admissions) or via a paper application in their Admissions Booklet.  |

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| Child’s Surname: |  |
| Child’s Forename(s): |  |
| Child’s Date of Birth: |  |
| Gender:  | Male/Female\* (delete as appropriate) |
| Child’s Address: | Postcode: |
| Home Telephone Number: |  |

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| --- | --- |
| Parental Contact Name: | Relationship: |
| Address: | Postcode: |
| Telephone Number: |  |
| Email Address: |  |

|  |  |
| --- | --- |
| Parental Contact Name: | Relationship: |
| Address: | Postcode: |
| Telephone Number: |  |
| Email Address: |  |

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| Is the child baptised Roman Catholic?You are asked to enclose a copy of the baptismal certificate with this form or evidence of formal reception into the Roman Catholic Church. If this is not possible explain below. | Yes/NoDate of Baptism: Church: Location (Town/City): Certificate enclosed: Yes/No |

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| Name and Address of Current School: |  Postcode: |

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| Names of any siblings currently attending the School or who have previously attended:A sibling means the brother, sister, stepbrother or stepsister, half brother or half sister living together as part of one household. | Name(s):Year Group(s) as at September 2018:If previously attended, dates attended the school From: To: |
| Children of staff employed by the school, or who have been employed for two or more years, or who have been recruited to meet a particular skills shortage. | Name of Staff:Date employment started: |
| Additional Information which you may wish to supply: |  |

Signature:

Relationship to Child: Date:

CLOSING DATE FOR RECEIPT OF INFORMATION BY: 31 October 2018

*Office Use Only*

*Baptismal Certificate Seen: Yes/No Signature: Date:*