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**APPLICATION TO THE GOVERNORS OF SAINT BEDE’S FOR ADMISSION IN YEAR**

**SUPPLEMENTARY INFORMATION FORM**

**This form should be completed by the parent/carer**

**Please return this form to Saint Bede’s Catholic High School marked ‘Admissions’**

[**admissions@stbedeslytham.lancs.sch.uk**](mailto:admissions@stbedeslytham.lancs.sch.uk)

(To be completed by child/applicant’s parent or carer)

**1** Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2** Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3** Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4** Present School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5** Full Names of Parents/Carer:

**5.1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are applying on faith grounds, please complete the following sections:**

**6**Parish or area of faith community in which you live \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(e.g. St Peter’s, Lytham)***

**7** Name of Parish or area of faith community in which you worship, if different from above

***(Your parish Priest or minister of religion may be contacted to confirm this)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8** Name(s) of any sibling(s) who will be attending Saint Bede’s at time of the applicant’s planned admission:

Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Year:\_\_\_\_\_\_\_

Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Year:\_\_\_\_\_\_\_

**9** If a **Catholic**, I confirm that the child/applicant is a Baptised Roman Catholic and enclose proof of baptism e.g. copy of Baptismal Certificate or details of place and date of baptism or letter from a priest confirming child’s/applicant’s preparation for Catholic baptism or faith membership.

Yes No

Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Baptism: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

You are asked to enclose a copy of the Baptismal Certificate with this form. If this is not possible, explain below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10** If from another Christian denomination, I confirm that the child / applicant is baptised and enclose proof of baptism e.g. copy of Baptismal Certificate or confirmation in writing that the child/applicant is a member of their Faith community from an appropriate Minister of Religion.

Yes No

**ADMISSIONS CRITERIA**

**Governors will admit pupils in accordance with the stated Admissions Policy. Please tick below to indicate the category which applies to your child.**

**Please provide any relevant supporting evidence at the time of application.**

|  |  |  |
| --- | --- | --- |
| **1** | Baptised Roman Catholic Looked After Children and previously Looked After Children. |  |
| **2** | Baptised Roman Catholic children who have a sibling in the school at the time of admission. |  |
| **3** | Baptised Roman Catholic children from the following Roman Catholic Partner Primary Schools.  (St Peter’s Lytham, Our Lady, Star of the Sea, St Anne’s, The Willows, Kirkham, The Holy Family, Freckleton and Warton, St Joseph’s, Wesham). |  |
| **4** | Other Baptised Roman Catholic children. |  |
| **5** | Other Looked After Children and previously Looked After Children*.* |  |
| **6** | Other children who have a sibling in the school at the time of admission. |  |
| **7** | Other children from the Roman Catholic Partner Primary Schools instanced above. |  |
| **8** | Children of staff employed at Saint Bede’s Catholic High School for two or more years or who have been recruited to meet a particular skills shortage. |  |
| **9** | Baptised children from other Christian denominations. |  |
| **10** | Other children. |  |
| **Declaration:** | **IecI I the parent/carer of the above named child, confirm that to the best of my knowledge, the**  **iinf information given on this form is correct. If offered a place I agree to accept and abide**  **bbb by the school’s published codes of behaviour and uniform.** |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Carer) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_