NORES

# Supplementary Information Form For All Applications
(Appendix 1)

The following information will be used in accordance with the published admission criteria. Additional data is also required by the DfE for Census Returns. Please see above definitions to support completion of this form

| **SECTION A : To be completed by the parent/s** | |
|---|---|
| Child's Surname: | Child's Forename(s): |
| Date of Birth: | One of Twin/multiple birth: Yes/No |
| Female/Male (Please delete as appropriate) | Name of Twin/multiple birth sibling: |
| Country of Birth: | First Language (The language the child was exposed to in early years – i.e. the language used to communicate with the child until the age of 1 year): |
| Home Language (The Language the child now speaks primarily at home): | National Identity: |
| Normal Home Address:<br><br>Post Code: Tel. No.: | |
| Mother's Name: | Father's Name: |

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|---|---|
| Parish of Residency: | Church/Place of Worship: |
| Is the child baptised? YES/NO Date:<br><br>If YES which denomination: | Child's Church of Baptism:<br><br>Address: |
| **Please attach a copy of your child's Birth Certificate to this form** | |

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| **SECTION B: For Catholic families** |
| **Please attach a copy of your child's Baptismal Certificate to this form** |
| **SECTION C: For families of other Christian denominations or other faith backgrounds** |
| **Please refer to our published Admission Criteria. A letter from your minister of religion on Church headed paper with the church stamp or seal will support your application.** |