

DETERMINED

CONFIDENTIAL (When Completed)



St Augustine's Catholic College – Supplementary Information Form

If you name St Augustine's as one of your choices on the Local Authority Application for Transfer, you must complete and return this form to:

Admissions, St Augustine's Catholic College, Wingfield Road, Trowbridge, Wiltshire BA14 9EN.

For an application to be accepted as valid, the Common Application Form must be completed and returned to the child's home LA. This supplementary form is requested to be completed and returned to the College.

Failure to return this form may result in your application being placed in a lower category than that to which you are entitled.

Instructions for completion:

- Complete Part 1;
- Take this form to your Parish Priest or Minister of Religion and ask them to:
 - Complete Part 2;
 - Place Form in sealed envelope;
 - **Return Envelope to you;**
- Parent / Carer is to return Envelope to St Augustine's Catholic College Admissions (Remember to include Baptism and Holy Communion Certificates).

PART 1 (To be completed by Parent/Guardian only)

THIS IS NOT AN APPLICATION FORM.

CHILD DETAILS – ALL APPLICANTS		
Legal Surname	Christian Name(s)	Child's Date of Birth
Parent / Guardian Name: Contact #:		
Parish in which the child lives	Religious Denomination (if any)	<input type="checkbox"/> Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Other Faith Details: <input type="checkbox"/> No Faith * Please tick ✓ as applicable
CATEGORY 3 APPLICANTS ONLY		
Is either of the child's Parents/Carers a member of staff at St Augustine's – See Note 6.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If so, please state the member of staff's full name:		

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BAPTISM DETAILS – CATEGORY 1,2,4 APPLICANTS ONLY	
Has the child been baptised or received into the Catholic Church OR a Christian Church?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date of Baptism	
Details of Baptism Church Please enclose a photocopy of child's Baptismal Certificate.	
HOLY COMMUNION DETAILS - CATEGORY 1,2 APPLICANTS ONLY	
Has the child made their First Holy Communion?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date of First Holy Communion	
Details of Holy Communion Church Please enclose a photocopy of child's First Holy Communion Certificate.	

I understand that completing this form does not give automatic admission for my child to St Augustine's Catholic College. The final decision regarding admission rests with the Governing Body.

If it is found that false or incorrect information has been supplied to gain a place at St Augustine's Catholic College, the Governing Body reserves the right to withdraw any offer of a place even if the child has already started school. Examples include false or incorrect information about an address that is not the child's normal residence or a falsified Baptism or Holy Communion Certificate.

Signed (Parent / Carer): _____

Date: _____

FOR OFFICE USE ONLY
CATEGORY:

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Remember - the form must be returned in its sealed envelope to:

Admissions, St Augustine's Catholic College, Wingfield Road, Trowbridge,
Wiltshire BA14 9EN.

PART 2 (To be completed by Parish Priest/Minister of Religion only)

The parent/guardian of the child named in Part 1 has made an application for their child's admission to St Augustine's Catholic College. In line with the college Admissions Policy (copy attached) please complete the following short reference.

Please tick ONE box for each question below and make a comment, if appropriate, in Box 3 if you would like to elaborate on any aspect.

Please note that Box 4 is for data collection only for the College Admissions Committee.

When you have completed this Reference, please seal it in the attached envelope and **RETURN IT TO THE PARENT / GUARDIAN** with the supporting certificates.

1	Is the child named above a baptised Catholic OR a baptised Christian?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
2	Has the child been received into full Communion with the Catholic Church OR a Christian Church?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
3		
4	To your knowledge, how often has this child practised their faith by attendance at your church?	
	<input type="checkbox"/> WEEKLY <input type="checkbox"/> FORTNIGHTLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> RARELY <input type="checkbox"/> NEVER <input type="checkbox"/> DON'T KNOW	
	* Please <i>tick</i> ✓ as applicable	

Many thanks for taking the time to complete this form

Signed: _____

Occupation: _____

Religious Denomination: _____

Date: _____

Parish stamp

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