ST PATRICK’S RC HIGH SCHOOL

SUPPLEMENTARY INFORMATION REQUEST FORM

Thank you for your interest in a school place at St Patrick’s for your child.

St Patrick’s RC High School is a Catholic Voluntary Aided school. The Governors recognise that as a Roman Catholic High School the first responsibility of the school is to serve the Roman Catholic community for which it has been established.

The governing body has responsibility for admissions to the school and in order to apply the school’s over subscription criteria the governing body requires additional information that is not collected on the local authority’s application form. This information can be supplied by completing this Supplementary Information Form. Please note Christian is not the same as Roman Catholic.

|  |  |
| --- | --- |
| *Child’s surname* | *Child’s first name* |
| *Male/Female* | *Date of birth* |
| *Parent/Carer’s name* | *Mobile number:* |
| *Parent/Carer’s name* | *Mobile number:* |
| *Child’s permanent home address including postcode*  *Postcode:* | ***Shared Parenting*** *– Child’s 2nd home address*  *Postcode:*  *School nights Mon, Tues, Wed, Thurs, Sun Resides: (please circle)* |
| *Home telephone number* | *Home telephone number* |

*Roman*

*as*

*same*

*Catholic )*

*Religion: (Please note*

*Christian is not the*

Parent/Carer employed by the school

|  |  |  |
| --- | --- | --- |
| *Name:* | *Role:* | *Date employment commenced:* |

***Non-Feeder School Roman Catholic children only***

***Please confirm your child is a baptised Roman Catholic by enclosing a copy of the Baptism/Reception Certificate – and complete the following:***

|  |  |  |  |
| --- | --- | --- | --- |
| *Date of Baptism/Reception*  *into the Church* | |  | |
| *Parish of Baptism* | *(Name)* | | *(District)* |
| *Name of Parish in which you live/worship* | | | |
| *Address of Parish* | | | |
| *Name of Parish Priest/ Minister/Church Officer* | | | |

**Please give details of any brothers or sisters who will be attending the school at the time of admission:**

|  |  |  |
| --- | --- | --- |
| *Name* | *Relationship* | *Year Group* |
|  |  |  |
|  |  |  |
|  |  |  |

Please return this form and supporting documentation to school by email to [michelle.sykes@salford.gov.uk](mailto:michelle.sykes@salford.gov.uk), or by handing in to the main reception at school.

# As an oversubscribed school it is really important that this is received by school together with the required supporting documentation by Thursday 31st October 2024 at the latest. Failure to provide this information may affect your child’s placement within the oversubscription category.