

St Thomas of Canterbury Catholic Primary School

SUPPLEMENTARY INFORMATION FORM

Please complete clearly in block letters using black ink.



PART A

To be completed by the parent(s)/guardian(s) and returned directly to the school by the closing date of 15th January 2026

Child's surname: Child's forename:

Address:
.....

Telephone No:

Child's date of birth: male/female * please delete

Details of any brothers and sisters who will be already attending the school at the date of admission:

Name: date of birth:

Name: date of birth:

Name and address of current school/nursery:
.....

Religion:

If Catholic, date and place of baptism:

(Please attach a copy of the Baptism Certificate or present at the school office – this will be destroyed once documented)

Name of Mother:

Name of Father:

Signature of Mother:

Signature of Father:

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PART B

CHURCH LEADER'S REFERENCE

For Non-Catholics - Please give this form to your Church Leader to support your application for a place at St Thomas of Canterbury Primary School. Parts A and B to be returned to the school by **15th January 2026**.

Parent to complete this section before giving it to Church Leader

<p>*This is where the child normally lives. The address of another relative or a temporary address is not acceptable. Any attempt to mislead the school may result in the withdrawal of an offer of a place, particularly where proximity to the school forms part of the governing body's policy for admissions. If the child lives at more than one address, please give the address which is relevant in accordance with the admissions criteria of the school.</p>		
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How might we lead a whole-school movement where every staff member becomes a champion for cultural and creative arts, driving equitable access and inspiring creativity in every child?

Church Leader to complete

(Please circle)

1. The parents are known to me Yes No
2. The child is known to me Yes No
3. I consider the child to be a member of a practising family Yes No
(your denomination here)

NAME OF CHURCH LEADER:

POSITION : _____

DATE: _____



The Parish Crimp Seal must be used over the signature to authenticate.