



SUPPLEMENTARY INFORMATION FORM: 2019 ADMISSIONS

Admission to St James' Catholic Primary School

**Please complete in BLOCK CAPITALS and return to School by
4 pm on January 14th 2019**

SURNAME OF CHILD:	_____
FORENAME(S):	_____
DATE OF BIRTH:	_____

ADDRESS OF CHILD:	_____
	_____ POSTCODE: _____
YOUR TELEPHONE NUMBER:	_____

IS YOUR CHILD:		
BAPTISED ROMAN CATHOLIC	<input type="checkbox"/>	BAPTISED IN ANOTHER CHRISTIAN TRADITION <input type="checkbox"/>

FOR BAPTISED ROMAN CATHOLICS:	
MONTH OF BAPTISM:	_____ YEAR: _____
PARISH:	_____
PARISH LOCATION (TOWN/CITY):	_____

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

SIBLINGS:

Will your child have a sibling in school at the time of admission? YES / NO

Name of sibling/s: _____ Class: _____

Does your child have a sibling who has previously attended St James' Catholic Primary School before transferring to secondary school? YES / NO

Name of sibling/s: _____

Years attended St James' Catholic Primary School: _____

Destination Secondary School: _____

SIGNED: _____ NAME (please print): _____

RELATIONSHIP: _____ DATE: _____

If you would like to provide any other information, please do so here. Thank you.

Please return this form to St James' Catholic Primary School with your baptismal certificate. Thank you.