SUPPLEMENTARY INFORMATION FORM FOR BUCKINGHAMSHIRE CATHOLIC SCHOOLS

Part A – School Selection				
Our Lady of Lourdes	St Edward's		St Joseph's In	fants
St Joseph's Primary	St Louis		St Michael's A	ylesbury
St Michael's High Wycombe	St Peter's		St Teresa's	
☐ Nursery ☐ Infant	Junior	Primary	Secondary	☐ In Year
Year for September Entry				
In Year Applications ONLY – acade	mic year required			
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Part B – Child Details				
Name of Child		Date of Birth	Date of Birth Gender M / I	
Name of Parent/Guardian				
Normal Home Address				
		Postcode:		
Telephone Number		Email Address:		
Name of any siblings attending scho	ool applied for:	_		
Christian Denomination:		Other religious faith/practice:		
Church/Place of regular worship		_		
Is your child baptised?	és No			
If yes a copy of the baptismal certification	cate MUST accompa	ny this form		
•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••
Part C – Priest/Minister of Religio	on Supporting Inform	nation		
Declaration - I support the appl	ication made by this	family.		
Signed:		Print Name:		
Data		_		
(Parish seal to be applied over the p		ure where applicab	ole)	
	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	•••••
Part D – Parental Signature				
Name of Parent/Guardian		Signed:		
Date:				

Please see your chosen school's website for information on their admissions policy

ADDITIONAL INFORMATION

Supplementary Forms must be received by your chosen school by the closing date for Admission applications as published by Buckinghamshire County Council.

Nursery Applications	
By signing the form you agree to the following:	
You will provide a packed lunch when your child is staying the full day	 It is your responsibility to check your eligibility for the 30 hours extended provision by the agreed dates as set by HMRC.
Please tick the relevant box for the provision required: 15 hours (morning session to 11.45 am) 30 hours (all day to 2.45 pm)	
Extended Provision Code	Date obtained
NI Number	