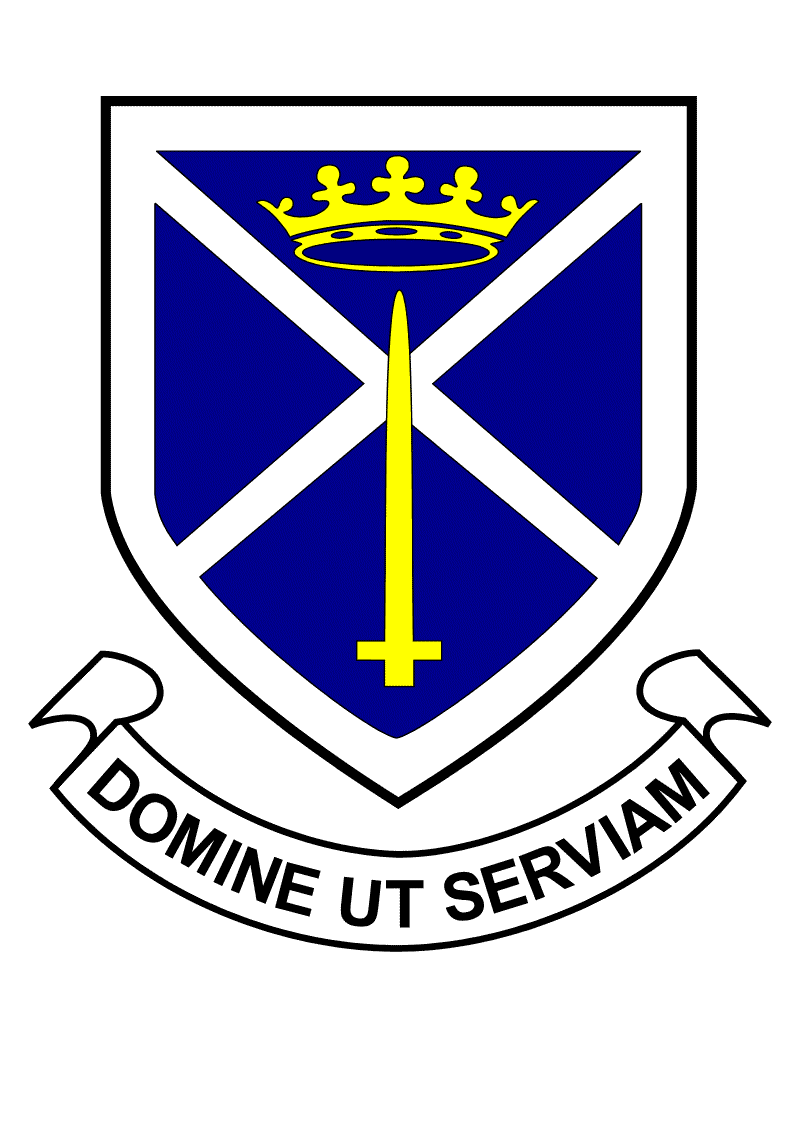


**St Alban’s Catholic High School**



**Admissions from September 2019**

**Supplementary Information Form**

**IMPORTANT:** In accordance with the school’s published Admissions Policy (available on the school website) you are strongly recommended to complete and return this form.

Please return this completed form and any associated documentation as follows:

*by email to*: [admissions@st-albans.suffolk.sch.uk](mailto:admissions@st-albans.suffolk.sch.uk)

or *by post to*: The Admissions Officer, St Alban’s Catholic High School, Digby Road, Ipswich, IP4 3NJ, Suffolk.

If you wish to apply for a place for your child at St Alban’s Catholic High School (for entry into any year) please provide the following information. This is necessary to allow each applicant to be placed in the correct category in accordance with our published admissions policy. Failure to provide complete information will make it impossible for us to recognise the correct category for your child, and will lead to their being placed in a lower category.

*For admission in Year 7 in September it is* ***essential*** *that you also complete the Local Authority form and return it to the same Local Authority. Parents of children attending or due to attend State Schools should receive details of the Local Authority admissions process from their own Local Authority.*

*For admission at any other time to Year 7 or to any other Year group it is* ***essential*** *that you complete and submit an ADM1 available from the school website.*

For Year 7 September application:

I have completed my own Local Authority’s school application form YES / NO

For any other application:

I have completed and submitted an ADM1 to the school YES/NO

Name of Child . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date of Birth . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Name of Parent/Carer. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Home Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Telephone Number . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Email address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Present School . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

1. If **Catholic** please state:

Date of Baptism . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Place / Parish of Baptism . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

***Please enclose a copy of your child’s Catholic Baptismal Certificate, or First Holy Communion certificate.*** *(Those who have been Baptised in other Christian communities and subsequently Received into the Catholic Church should enclose a copy of their First Holy Communion certificate or certificate of reception).*

1. If your child is **due to be Baptised** into the Catholic Church, is **of another Christian denomination** or is of **another faith**, please provide a copy of any Baptismal certificate, or a letter of proof from a religious leader, as appropriate.
2. Are you applying as a **member of staff** of St Alban’s Catholic High School Yes / No

**RETURNING THIS FORM**

Please return this completed form and any associated documentation as follows:

by email to: [admissions@st-albans.suffolk.sch.uk](mailto:admissions@st-albans.suffolk.sch.uk)

or by post to: The Admissions Officer, St Alban’s Catholic High School, Digby Road, Ipswich, IP4 3NJ, Suffolk.

If applying for admission in Year 7 in the coming September (e.g. September 2019) – please submit by 31st October (e.g. 31st October 2018)

*We* *will send out an acknowledgement of receipt of this Supplementary Information Form, by email where possible, to reassure parents their application has been received. Please allow at least two weeks for this acknowledgement to come through before contacting the School Office.*