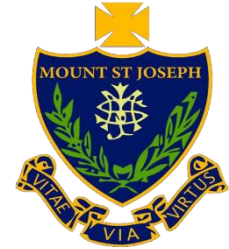


MOUNT ST JOSEPH SCHOOL ADMISSIONS SUPPLEMENTARY INFORMATION FORM



This form **MUST** be completed when applying under 1, 2 or 3 and returned to Mrs Amos, Mount St Joseph, Greenland Road, BOLTON, BL4 0HT before **31st October**. Forms received after this date will not be considered and your child will not be placed in categories 1, 2 or 3.

Please note this form **MUST** be completed in addition to the local authority admission form.

Child's First Name	
Child's Surname	
Date of Birth	
Address (House Number & Street)	
Address	
Town	
Postcode	
Contact telephone number	

Please confirm the faith category you are making your application under:

Category	Please tick as applicable (✓)
Category 1 - Catholic looked after and previously looked after children.	<input type="checkbox"/>
Category 2 - Catholic children who attend a feeder Catholic primary school:	St Ethelbert's, Deane <input type="checkbox"/>
	SS Peter & Paul, Bolton <input type="checkbox"/>
	St Gregory's, Farnworth <input type="checkbox"/>
	St William of York, Great Lever <input type="checkbox"/>
	Our Lady of Lourdes, Farnworth <input type="checkbox"/>
	St Teresa's, Little Lever <input type="checkbox"/>

Category 3 – Other Catholic children	<input type="checkbox"/>
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Please confirm the following:

My child has a certificate of baptism in a Catholic Church. (a copy must be provided to the school alongside this form)	<input type="checkbox"/>
My child has a reception into the full communion of the Catholic Church. (a copy must be provided to the school alongside this form)	<input type="checkbox"/>
The child applying for a place is 'looked after' and living with a family where at least one of the parents is Catholic. (a copy of a certificate of baptism or a reception into the full communion must be provided to the school alongside this form)	<input type="checkbox"/>

Signature or parent / carer

I have attached a copy of my child's certificate of baptism or reception into the full communion as requested. I understand that any information that is deliberately misleading will invalidate this application. I confirm that the information given in this supplementary form is, to the best of my knowledge, true and accurate.

Signature	
Full Name (Block Capitals)	
Date	