**Supplementary Application Form**

**Please apply for a school place via the Local Authority Admission Team by visiting the Manchester Admissions Website** <https://www.manchester.gov.uk/info/500321/primary_school_admissions>**.**

**The closing date for reception applications is January 15th. Please read the school Admission Policy before completing this supplementary form. Complete every part of this form as fully as possible and return to school at the above address.**

**PLEASE NOTE: The school will require evidence of address, birthdate and UK residency; this might include a copy of a utility bill, which is under 3 months old, a birth certificate or a passport. If you wish your application to be considered as baptised Roman Catholic, a copy of the Roman Catholic baptismal certificate must be supplied to the school.**

**Places are allocated strictly according to the admissions policy.**

**CHILD**

|  |  |
| --- | --- |
| Surname of Child: (Please print) |  |
| First Name: |  |
| Date of Birth: |  | Male ⃞ Female ⃞ |
| Child’s Home Address: |  |
| Post Code: |  |
| Telephone Number:Length of time resident in UK: |  |
| Length of time resident in UK: |  | Previous country of residence: |  |

**SIBLINGS**

|  |
| --- |
| Please provide details of any siblings already attending Sacred Heart School |
| **Name** | **Age** | **Date of Birth** |
|  |  |  |
|  |  |  |

**PARENT(S)/ LEGAL GUARDIAN(S)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship to child** | **Religion** | **Daytime phone no.** |
|  |  |  |  |
|  |  |  |  |

Parent’s address (If different from

child’s – please state which parent)

 **BAPTISM**

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| --- |
| Is your child a baptised Catholic? **Yes/No** (please circle the appropriate response) |
| Date and place of BaptismPlease enclose a copy of Baptismal certificate.   |  |

 **PREVIOUS EDUCATIONAL SETTING**

|  |
| --- |
| Has your child attended another Nursery setting in the past? |
| Name and address of previous school |  |
| Telephone number |  |
| Dates attended | From |  | To |  |

**LANGUAGE**

|  |  |
| --- | --- |
| What language does yourchild speak at home? |  |
| Does your child speak any other languages, if so what? |  |

**MEDICAL INFORMATION**

|  |  |
| --- | --- |
| What is the name and address ofyour child’s GP? |  |
| Does your child have any additional medical needs that the school need to be aware of? example, allergies, asthma etc? Please provide as much information as possible. |

**SPECIAL EDUCATIONAL NEEDS**

|  |
| --- |
| Has your child been diagnosed with any special educational needs that the school should be aware of? Please provide as much information as possible. |

**Please note any further information the school needs to be aware of**

|  |
| --- |
|  |

**I confirm I am the child’s legal parent/guardian and that the information on this form is true and accurate:**

|  |  |
| --- | --- |
| Signature |  |
| Name (PLEASE PRINT) |  |
| Date |  |

 Please return the completed form to the school at the above address.