

**SUPPLEMENTARY ADMISSION FORM**

In order for the Governors to have the fullest information when considering admissions, it is requested that this sheet is **returned directly to the school** by the closing date stipulated by Lancashire County Council (**31 October 2025**). It will be used in the allocation process, strictly in accordance with our Admission Policy.

**Please note: This is a SUPPLEMENTARY Admissions form, and you are still required to complete your Local Authority admission online.**

**Data Protection:** The school is registered under the Data Protection Act 2018 and General Data Protection Regulations (GDPR) for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the Department of Education. Please see the Privacy Notice on the school website.

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| --- | --- |
| **Name of School Applying for:**   |  |
| **General Information**  |
| Name of Child  |  |
| Date of Birth  |  |
| Address  |  |
| Telephone  |  |
| E-mail address  |  |
| **Faith Application**  |
| Has your child been baptised into the Roman Catholic Church?  |  | Yes  | /  | No  |
| **Please attach evidence of your child’s Catholicism e.g. Baptism Certificate**  |
| Name of Church where child was baptised and date  |  |  |
| Children with a parent/carer who regularly worships in a church which is full membership of Churches Together in England or the Evangelical Alliance. (**If not Catholic**)  |  | Yes  | /  | No  |
| **Please attach confirmation in writing from an appropriate Minister of Religion as evidence.**  |
| **Primary School Attended**  |
| Name of School  |  |  |
| Address of School  |  |
|  |
| **Looked after children**  |  |  |
| Is the child looked after/previously looked by the Local Authority  |  | Yes  | /  | No  |
| Please state the Local Authority:  |
| **Sibling at school**  |
| Do you already have a child attending the academy? If yes, please complete below  |  | Yes  | /  | No  |
| Name of sibling:  | Year group:  |
| Name of sibling:  | Year group:  |
| **Parent is an employee of the academy**  |
| Is a parent of the child currently employed at the academy? If yes, please complete below  | Yes  | /  | No  |
| Name of staff member:  |
| Date employment began:  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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