

## SUPPLEMENTARY INFORMATION FORM FOR BUCKINGHAMSHIRE CATHOLIC SCHOOLS

## Part A - School Selection

St Edward's		St Joseph's	St Joseph's Infants		St Joseph's Primary		
St Louis St Michael		High Wycombe	☐ St Peter's				
Nursery	Infant	Junior	☐ Primary	Secondary	☐ In Year		
Year for Septemb	per Entry						
In Year Applicatio	ons <b>ONLY</b> – acade	mic year required _	-,				
••••••	•••••	•••••	•••••••	••••••	••••••		
Part B – Child D	Petails						
Name of Child _			Date of Birth_		Gender M / F		
Name of Parent/	Guardian						
Normal Home A	Address		*				
Programme and the second			Postcode:				
Telephone Number			Email Address:				
Name of any sibl	lings attending scho	ool applied for:			*		
			Other religious faith/practice:				
Church/Place of	regular worship						
Is your child bapt	tised?	es No					
If yes a copy of the	he baptismal certif	icate <b>MUST</b> accom	pany this form				
					•••••••		
Part C - Priest/	Minister of Polici	on Supporting Inf	ormation				
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			nature where applicat	*			
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Part D - Parent	al Signature						
Name of Parent/	'Guardian		Signed:				
Date:							
			on on their admissions	s policy			

## **ADDITIONAL INFORMATION**

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

Nurser	y App	lications
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BY	signing /	the	form	VOU	agree	to	the	followi	ng:
-	212111112	-	101111	100	uni cc		4110	10110111	1 1500

You will provide a packed lunch when your child is staying the full day	<ul> <li>It is your responsibility to check your eligibility for the 30 hours extended provision by the agreed dates as set by HMRC.</li> </ul>
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	<del></del>