

## SUPPLEMENTARY INFORMATION FORM Academic Year 2020-2021

Child's Surname					
First Name(s)					
Date of Birth			Male	Female	
Mother's Name			Religion		
Father's Name			Religion		
Address					
Home tel number:					
Mother's Mobile:		Fath	er's Mobile:		
Email:	•••••	Ema	il:		
Church of Baptism Date of Baptism					
Name of church usually atte	ended by fami	ly			
Names of brothers or sisters	s attending <b>C</b> o	orpus Christi S	School		
Any further information, rel	evant to the a	admissions cri	iteria:		
Parents signature					
The closing date for receipt of	this form is <b>15</b> <sup>t</sup>	<sup>h</sup> <b>December</b> . P	lease ensure that the followin	g are attached	
Birth Certificate	of address 🗖	Baptismal C	Certificate 🗖		
Priest/religious reference form	<u>1.</u>				
The school will send you a pri	. •			_	be !
completed by a Catholic priest	or minister of	religion and re	turned to the school on the da	ate shown on the form.	
Please note that completion o				should also complete a Comn	<u>non</u>
Application Form CAF dilu ens	uie it is subini	ccu to your LA	ton time.		
Date Rec:	Rec By:	Criteria:	Date Input:	Input By:	