



**SUPPLEMENTARY INFORMATION FORM  
Academic Year 2025-2026**

Child's Surname .....

First Name(s).....

Date of Birth .....

Male  Female

Parent/Carer 1 .....Religion.....

Parent/Carer 2..... Religion.....

Address .....

.....

Home tel number:.....

Parent/Carer 1 Mobile:..... Parent/Carer 2 Mobile:.....

Email:..... Email:.....

Church of Baptism ..... Date of Baptism.....

Name of Church usually attended by family .....

Names of brothers or sisters attending **Corpus Christi School** .....

Any further information, relevant to the admissions criteria:

**Parents signature** ..... **Date** .....

The closing date for receipt of this form is **16<sup>th</sup> December**. Please ensure that the following are attached.  
Birth Certificate  Proof of address  Baptismal Certificate

If you are applying under our faith criteria, a Certificate of Catholic Practice will be required.  
The final date for the school to receive your completed Certificate is **Monday 3<sup>rd</sup> February 2025**.

**Please note that completion of this form does not guarantee a place in the school, you should also complete a Common Application Form CAF and ensure it is submitted to your LA on time.**

Date Rec:	Rec By:	Criteria:	Date Input:	Input By:	CoCP Received: