Diocese of Northampton

APPLICATION TO ST. MONICA'S CATHOLIC PRIMARY SCHOOL SUPPLEMENTARY FORM

The school will use part or all of the information below according to its published admission criteria.

To be completed by the parent(s):		(*Insert or delete as appropriate)	
I.	Name of child	D.O.B	
2.	Name of parent(s)		
3.	Normal home address (incl. postcode)		
4.	Christian denomination or religion Roman Catholic [*]		
5.	Parish Place	of worship:	
6.	Is the child baptised? YES/NO * If YES in which denomination? Ro	nan Catholic [*]	
7.	Date of baptism: Place of bap	tism:	

8. Is a Roman Catholic^{*} education your first preference for your child? YES/NO^{*}

To be completed by the Catholic priest (or minister of religion as appropriate): The child is a member of a practising family. YES 9 NO 10 (If not already baptised) The child is currently enrolled for baptism within this YES NO parish. The parents are known to me. YES NO П 12 The child is known to me. YES NO I support this application. YES 13 NO 14 If there are any other factors you or the parent(s) think should be taken into account in favour of this application please give reasons (a separate sheet can be attached if necessary).

Declaration by priest (or minister of religion as appropriate):

I confirm that these statements about the child named above and his/her family's practice are true to best of my knowledge and belief.

Name:	Signed:	Date:
	(Pa	rish seal to be applied over the priest's signature)

Parish priest's countersignature (where the parish priest is not giving the reference): I confirm that the child is resident in my parish.

Please attach copy of baptismal certificate to this form and return to the school as soon as possible.