## **Milton Keynes Council**

## 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)		
1.	Name of child	D.O.B.			
2.	Name of parent(s)				
3.	Normal home address (incl. postcode)				
	Telephone:				
4.	Christian denomination or religion <b>Roman Catholic</b> *				
5.	Parish Place of worship:				
6.	Is the child baptised? YES/NO* If YES in which denomination? <b>Roman Catholic</b> *				
7.	Date of baptism: Place of baptism:				
8.	Is a <b>Roman Catholic</b> * education your first preference for	your child	d? YES	S/NO*	
To Ł	pe completed by the Catholic priest (or minister of religion as a	ppropriat	:e):		
9	The child is a member of a practising family.	YES	NO		
10	(If not already baptised) The child is currently enrolled for baptism within this parish.	YES	NO		
11	The parents are known to me.	YES	NO		
12	The child is known to me.	YES	NO		
13	I support this application.	YES	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).				
I co	laration by priest (or equivalent):  Infirm that these statements about the child named above an a cof my knowledge and belief.	d his/her	· family	's practice are true to	
Nan	ne: Date (Parish seal to l			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.

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