*the* **DIOCESE** *of*

**EAST ANGLIA**

**St Edmund’s Catholic Primary School**

In Year Admission 2021

Supplementary Information Form

Please return this completed form and any associated documentation to St Edmund’s Catholic primary School, St Marys Street, Bungay, NR35 1AY

If you wish to apply for a place for your child at St Edmund’s Catholic Primary School, please provide the following information.

Name of Child . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date of Birth . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Name of Parent/Carer . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Home Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Telephone Number . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

1. If **Catholic** please state:

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

Place / Parish of Baptism . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

***Please enclose a copy of your child’s Catholic Baptismal Certificate.***We cannot recognise children as being Catholic without this evidence.

1. If your child is **due to be Baptised** into the Catholic Church, is **of another Christian denomination** or is of **another faith**, please provide a copy of any Baptismal certificate, or a letter of proof from a religious leader, as appropriate.