

**SACRED HEART CATHOLIC PRIMARY SCHOOL**

**SUPPLEMENTARY INFORMATION FORM**

***Admission to SACRED HEART CATHOLIC PRIMARY SCHOOL***

**Please complete in BLOCK CAPITALS and return to School/College by  
4 pm on 16th January 2026**

SURNAME OF CHILD	_____
FORENAME(S)	_____
DATE OF BIRTH	_____

ADDRESS OF CHILD	_____
	_____ POSTCODE _____
YOUR TELEPHONE NUMBER	_____

IS YOUR CHILD BAPTISED ROMAN CATHOLIC	NON CATHOLIC
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FOR BAPTISED ROMAN CATHOLICS
MONTH OF BAPTISM _____ YEAR _____
PARISH _____
PARISH LOCATION (TOWN/CITY) _____

You are asked to enclose a copy of the baptismal certificate with this form. If this is not possible explain below
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SIGNED _____ NAME (please print) _____
RELATIONSHIP _____ DATE _____