**PLEASE RETURN THIS FORM TO HOLY SPIRIT SCHOOL BY FRIDAY 1st MARCH 2024**

**SUPPLEMENTARY ADMISSION FORM (September 2024)**

Dear Parent,

If you wish to apply for a Reception place in **Holy Spirit Catholic Academy**, please complete this form and **return it to the school office as soon as possible**. Thank you.

**Section A** (To be completed by Parent/Guardian)

Name of Child …………………………………………. …Date of Birth …………………………………

Address of Child …………………………………………………………………..Post code …………...

IS YOUR CHILD BAPTISED CATHOLIC? YES/NO (Please delete as appropriate)

If YES please provide evidence that your child has been baptised

**If Baptised - Parish in which your child was baptised……………………………………………….**

**Date of Baptism ……………………………………………………………………**

**Baptismal Certificate ………………………..**

**Parish in which you currently live**……………………………………………………………………

PLEASE ONLY COMPLETE SECTION B IF YOUR CHILD WAS BAPTISED IN ANOTHER PARISH AND YOU DO NOT HAVE EVIDENCE OF BAPTISM. (e.g. A Baptism Certificate).

**Section B** (For children who were baptised outside of Holy Spirit Parish)

*If you cannot get a copy of your child's baptism certificate and your child was not baptised in Holy Spirit Parish, please complete the section below and school will contact the relevant parish.*

If Roman Catholic can you confirm that the child is a baptised Catholic? YES/NO

If Christian can you confirm that the child is a baptised Christian? YES/NO

If a faith other than Christian can you confirm that the child is a member of your faith community? YES/NO

Name of Priest who baptised your child………………………………………………………………..

Parish Address………………………………………………

Parish Contact number………………………………..

Priest/Parish email address…………………………………………………………………………….