**Diocese of Middlesbrough**

**St Mary Queen of Martyrs VC Academy**

**SUPPLEMENTARY INFORMATION FORM**

**St Mary Queen of Martyrs VC Academy, Nidderdale, Hull, HU7 4BS**

**Child’s Details**

|  |  |
| --- | --- |
| Child’s Surname:  |   |
| Child’s Forename  |   |
| Date of Birth:  |   |
| Home Address:   |   |
| Postcode  |   |

**Parent/Carer Details**

|  |  |
| --- | --- |
| Parent ‘s Name (Mr/Ms/Miss/Mrs)  |   |
| Address (if different from above):   |   |
| Mobile Telephone  |   |
| Email Address  |   |

**Details of Religion**

|  |  |  |  |
| --- | --- | --- | --- |
| Religion of child: (Please tick)  | Catholic  | Other Christian (name of denomination)    | Other faith   |
| Catholic Parish you live in:  |   |
| Church where child was baptised and date of baptism: (baptism certificate required)   |   |
| Name and position of priest or religious leader supplying reference (where appropriate):   |   |
| Applicants from other Christian denominations and other faiths may attach a letter, confirming membership from their minister or religious leader  |

**I confirm that I have read and understood the Admissions Policy and that the information I have provided is correct. I understand that I must notify the school immediately if there is any change to these details and that should any information, I have given prove to be inaccurate that the Directors may withdraw any offer of a place even if the child has already started school.**

Signed……………………………………………………………………. Date…………. …..………………… **Checklist:**

You **MUST** complete your Local Authority’s Common Application Form and return it as instructed to them by the closing date. If this is not done, your application cannot be looked at**.**

**Have you enclosed:**

Copy of baptism certificate

Certificate of Catholic Practice (where necessary) Evidence of exceptional need (where necessary).