APPLICATION FOR ADMISSION TO SECONDARY SCHOOL: SEPTEMBER 2026

St. Peter's Catholic College – Supplementary Form

Only complete this form if you have named St. Peter's Catholic Voluntary Academy as one of your preferred schools on your main application:

Legal Name of Child:

Date of Birth:

Name of Parents/Guardians: 1: 2:

Home Address:

Postcode: Telephone Number:

Religious Background

Religion:

Place of Child's Baptism: Date of Baptism:

Have you enclosed a copy of the Baptismal Certificate? Yes No
(Please tick as appropriate)

Date of First Holy Communion:

Have you enclosed a copy of the First Holy Communion Certificate? Yes No
(Please tick as appropriate)

NB: Where applications are being made on a basis of faith you must provide the following evidence:

- Parents/Guardians of Catholic children must provide evidence that the child has been baptised as a Catholic or has been received into the Catholic Church
- Parents/Guardians of children of Other Christian Churches must provide evidence that the child has been baptised or received into the Christian Church, a written reference from their own clergy or minister is acceptable.
- Parents/Guardians of children of other faith traditions must provide a letter of support from their minister, faith leader or suitable equivalent [e.g. head teacher

Please state the names and ages of any older brothers or sisters attending your preferred catholic school at the time of enrolment.

1 Name Age

2 Name Age

3 Name Age

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CATHOLIC SCHOOLS (Continued)

Does your child have an Education Health and Care Plan / Statement of Special Educational Need *(Please tick as appropriate)*	Yes		No	
Is your child in Public Care or have previously been in care? (i.e. in the care of the Local Authority or provided with accommodation by the Local Authority) *(Please tick as appropriate)*	Yes		No	

If you wish to give any further information in support of your application please do so below
(Please use additional sheets if required)

Please remember you also need to complete the main application form online or by paper copy.
Please ring 01642-837740 / 837730 if you require a paper copy of the main form.

Signature of Parent/Guardian		**Date**	
Full Name of Parent/Guardian (PLEASE PRINT)			

This form MUST be returned by 31 October 2025

PLEASE RETURN THIS FORM TO ST PETERS ROMAN CATHOLIC COLLEGE NORMANBY ROAD, SOUTH BANK, MIDDLESBROUGH TS6 9SP