## 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:

Lega	I Name of Child:														
Date	of Birth:														
Name Pare	e of nts/Guardians:	1:				2:									
Home	e Address:														
Postcode: Tele						phone Number:									
Relig	Religious Background														
Relig	ion:														
Place	e of Child's Bapti	sm:				Date of Bapt	ism:								
	you enclosed a se tick as appropri			Yes No											
Date	of First Holy Co	mmunion:													
	you enclosed a se tick as appropri		Communion Certificate	?	Yes		No -								
NB:	Where application	ons are being r	nade on a	a basis of faith you mu	st pro	ovide the following	g evide	ence:							
<ul> <li>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</li> <li>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.</li> <li>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</li> </ul>															
	se state the nan	nes and ages	of any o	lder brothers or sisters	s atte	nding your prefe	rred ca	atholic school a	t the						
1	Name					Age									
2	Name					Age									
3	Name					Age									

APPLICATION FOR ADMISSION	R 2026											
CATHOLIC SCHOOLS (Continue	d)											
Does your child have an Education Statement of Special Educational N (Please tick as appropriate)		Plan /	Yes	3	No							
Is your child in Public Care or have the care of the Local Authority or provi Local Authority) (Please tick as appropriate)				3	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 applic	cation form o	online or by	paper copy.							
Please ring 01642-837740 / 83773	30 if you require	a paper co	ppy of the ma	<u>iin form.</u>								
Signature of Parent/Guardian			Date									
Full Name of Parent/Guardian	(PLEASE											

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