

SUPPLEMENTARY INFORMATION FORM FOR ADMISSION INTO SACRED HEART SECONDARY CATHOLIC SCHOOL – SEPTEMBER 2025

Parents/ Carers should note that the information you supply on and with this form will be used to decide the category that your application meets in the Admissions Policy oversubscription criteria.

School applying for:				
Legal Name of Child:				
Date of Birth:				
Name of Parents/Guardians:	1:		2:	
Home Address:				
Postcode:		Telephone Number:		

Religious Background

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.

Religion:			
Place of Child's Baptism:		Date of Baptism:	
Have you enclosed a copy of the Baptismal Certificate? <i>(Please tick as appropriate)</i>		Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you enclosed any other evidence in relation to religious background <i>(Please tick as appropriate)</i>		Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No

If so, please state what you have enclosed here:

Siblings

Please state the names and ages of any older brothers or sisters attending Sacred Heart Secondary Catholic Voluntary Academy at the time of enrolment.

1	Name		Age	
2	Name		Age	
3	Name		Age	

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NOW TURN OVER.....

Primary School

What primary school does your child currently attend?	
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Education Health and Care Plan

Does your child have an Education Health and Care Plan /
Statement of Special Educational Need
(Please tick as appropriate)

Yes

☐

No

☐

Looked After Child

Is your child in Public Care or has 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. *(Additional sheets may be used if required)*

<p><u>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.</u></p>			
Signature of Parent/Guardian	<input style="width: 90%;" type="text"/>	Date	<input style="width: 90%;" type="text"/>
Full Name of Parent/Guardian (PLEASE PRINT)		<input style="width: 100%;" type="text"/>	

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This form MUST be returned by 31 October 2024

**PLEASE RETURN THIS FORM WITH ANY RELEVANT ADDITIONAL EVIDENCE TO:
Sacred Heart Secondary Catholic Voluntary Academy, Mersey Road, Redcar, TS10 1PJ**

**PLEASE GIVE REASONS FOR NAMING
SACRED HEART CATHOLIC SECONDARY SCHOOL OR ST PETER'S SECONDARY SCHOOL**