*the* **DIOCESE** *of*

**EAST ANGLIA**

**St Felix Roman Catholic Primary School**

Admission to Reception in September 2025

Supplementary Information Form

**IMPORTANT:** In accordance with the school’s published Admissions Policy (available on the school website) you are strongly recommended to complete and return this form.

Please return this completed form and any associated documentation by **15 January 2025** to admin@st-felixrc.suffolk.sch.uk or St Felix RC Primary School, School Lane, Haverhill CB9 9DE

If you wish to apply for a place for your child at St Felix Catholic Primary School (for entry into Reception Year in September 2025) please provide the following information. This is necessary to allow each applicant to be placed in the correct category in accordance with our published admissions policy. Failure to provide complete information will make it impossible for us to recognise the correct category for your child and will lead to their being placed in a lower category. Please note that attendance at a nursery school does not guarantee a child a place at the same primary school.

*It is* ***essential*** *that you also complete the Local Authority form and return it to the same Local Authority. Parents of children attending or due to attend State Schools should receive details of the Local Authority admissions process from their own Local Authority.*

I have completed my own Local Authority’s school application form YES / NO

Name of Child . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date of Birth . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Name of Parent/Carer . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Home Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Telephone Number . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Email. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Do you have a child attending St Felix already? YES / NO

(Please turn over)

1. If **Catholic** please state:

Date of Baptism . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Place / Parish of Baptism . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

***Please enclose a copy of your child’s Catholic Baptismal Certificate.***We cannot recognise children as being Catholic without this evidence.

1. If your child is **due to be Baptised** into the Catholic Church, is **of another Christian denomination** or is of **another faith**, please provide a copy of any Baptismal certificate, or a letter of proof from a religious leader, as appropriate.

**RETURNING THIS FORM**

Please return this form and any associated documentation to St Felix RC Primary School, School Lane, Haverhill, Suffolk, CB9 9DE by **15th January 2025.**

*St Felix Catholic Primary School will send out an acknowledgement of receipt of this Supplementary Information Form to reassure parents their application has been received. Please allow two weeks for this acknowledgement to come through before contacting the School Office.*