

**SUPPLEMENTARY INFORMATION FORM FOR ADMISSION INTO   
SACRED HEART SECONDARY CATHOLIC VOLUNTARY ACADEMY**

**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.**

|  |  |
| --- | --- |
| 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?  (Please tick as appropriate) | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you enclosed any other evidence in relation to religious background  (Please tick as appropriate) | Yes |  | 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 |  |

**Primary School**

|  |  |
| --- | --- |
| What primary school does your child currently attend? |  |

**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)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please remember you also need to complete the main application form online or by paper copy.**  **Please email** [**SchoolsAdmissions@redcar-cleveland.gov.uk**](mailto:SchoolsAdmissions@redcar-cleveland.gov.uk) **if you require a paper copy of the main application form; please indicate if you would like this sending by email or posting out.** | | | | | |
|  | **Signature of Parent/Guardian** |  | Date |  |  |
|  | | | | | |
|  | **Full Name of Parent/Guardian  (PLEASE PRINT)** | | | | |

## This form MUST be returned by 31 October 2024

**PLEASE RETURN THIS FORM WITH ANY RELEVANT ADDITIONAL EVIDENCE TO:**



**PLEASE GIVE REASONS FOR NAMING**

**SACRED HEART RC SCHOOL OR ST PETER’S RC SCHOOL**

**Sacred Heart Secondary Catholic Voluntary Academy, Mersey Road, Redcar, TS10 1PJ**