

Holy Cross
Catholic Primary School

We share in Christ's life so He can guide our thoughts, words and actions.

Laburnum Drive, Sutton Coldfield B76 2SP
E: enquiry@holycross-sch.net
T: 0121 675 2158 | F: 0121 675 1387
W: www.holycross-sch.net
Principal: Miss T. Cotter

Dear Parent/Person with Parental Responsibility

Holy Cross Catholic Primary School Waiting List

Thank you for your request to add your child on our waiting list.

Please complete the attached forms and return them to the school office. You must also supply a copy of your child's Baptism Certificate and proof of address which is less than 3 months old; this should be a council tax bill or utilities bill.

Thank you for your co-operation.

Yours sincerely

Miss T Cotter
Principal





BISHOPS' CONFERENCE OF ENGLAND AND WALES

CERTIFICATE OF CATHOLIC PRACTICE

Details of child (for identification only)

Full name of child: _____

Address of child: _____

Postcode: _____ Date of Birth: _____

I am [the child's parish priest] [the priest in charge of the Church where the family practises] **[delete as applicable]**

I hereby certify that this child and his/her family are known to me and, to the best of my knowledge and belief, the child is from a practising Catholic family.

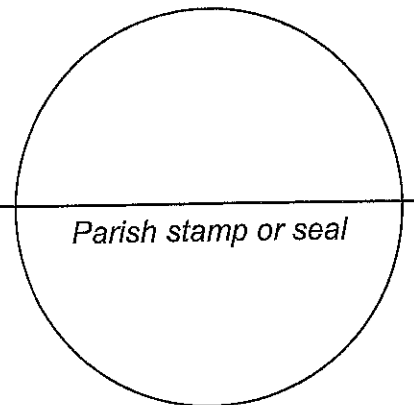
Priest's name _____ Position _____

Parish (or ethnic chaplaincy) _____

Address _____

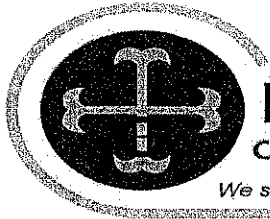
Telephone _____

Priest's signature _____



Parish stamp or seal

Date _____



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SUPPLEMENTARY INFORMATION FORM

Please note that parents/person with parental responsibility are also required to complete the Local Authority Preference Form. This form is not an application for a place at Holy Cross School.

Child's Details

Surname	
Forenames	
Date of Birth	
Address	
Post Code	
Telephone Number	
Email Address	
Within the parish boundary of	

If the child has a brother or sister currently attending Holy Cross School, please give details below.

Surname		Forenames			
Surname		Forenames			
Surname		Forenames			

Baptism Details - If the child has been baptised in the Catholic faith please give details below and **provide a copy of the baptismal certificate with this form.**

Name of Church	
Address	
Date of Baptism	

Continued overleaf

Parish Details - A signature of support from your Parish Priest or the Priest at the Parish which parent(s)/person with parental responsibility and the child attend should accompany this form, on headed Parish paper, or written below - in which case it should be verified by the Parish stamp.

Name of Church	
Address	

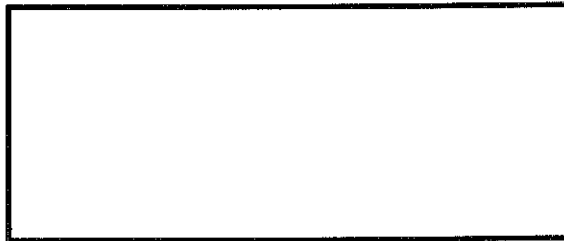
Parish Priest's Signature of support

I confirm that the parent(s)/ person with parental responsibility and child named above attend Mass in this Parish.

Signed:Date:

Parish Priest of: Catholic Church

Church Stamp



I have read the Holy Cross School Admission Policy and I understand that the information on the SUPPLEMENTARY INFORMATION FORM will be used by the school and the parish. I understand that if I have given incorrect information it could invalidate the offer of a place at Holy Cross School.

Signed:Print Name:
Date:Parent/Person with parental responsibility of:

Please ensure that you have included:

- Official verification of permanent address. Please provide your Council Tax bill for the current year (no other evidence will be accepted)
- Copy of baptismal certificate
- Endorsement by parish priest

All supplementary information forms should be returned to Holy Cross Catholic Primary School, Laburnum Drive, Sutton Coldfield. B76 2SP.

PLEASE ENSURE THAT YOU HAVE COMPLETED ALL PARTS OF THIS FORM.



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Holy Cross Catholic Primary School Waiting List

Child's Name	
Full Address	
Home Telephone Number	
Mobile Telephone Number	
Email Address	
Parent/Person with Parental Responsibility Name	
Child's Date of Birth	
Child's Religion	
Child's Current School	
Child's Current Year Group	

Please attach:

Proof of address which is less than 3 months old (e.g. a bank statement/utilities bill)

Completed school supplementary form

Copy of your child's baptism certificate

Signature Date

Print name



ST. JOHN PAUL II
Multi-Academy Company
Bishop Walsh Catholic School | Holy Cross Catholic Primary School | St Joseph's Catholic Primary School | St Nicholas Catholic Primary School

Registered Office: Bishop Walsh Catholic School, Wylde Green Road, Sutton Coldfield B76 1QT
T: 0121 351 3215 enquiry@bishopwalsh.net Company No. 08706247

Bishop Walsh Catholic School | Holy Cross Catholic Primary School | St Joseph's Catholic Primary School | St Nicholas Catholic Primary School

For School/Academy use only
 Details sent to School
 Admissions Team
 Date:

Directorate for People

Application for a Change of School (In-Year)

Before you fill in this form please read the parents' information booklet: 'Opportunities for your child in Birmingham'. Copies are available in all schools, local libraries or online at www.birmingham.gov.uk/schooladmissions

SECTION 1 To be completed by parent/carer

IMPORTANT: PROOF OF YOUR HOME ADDRESS MUST BE SUPPLIED WITH THIS FORM
 Acceptable proof includes: a copy of council tax, gas or electricity bill (within last 6 months)
 Failure to provide acceptable proof may affect your child's eligibility for your preferred school.

Child's details:		
Child's Name:		
Date of Birth:		
Current Year Group:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (Please tick)

Home address:	

School you wish to apply for:	Details of siblings attending this school:	Reasons for Preference:
	Name:	
	Date of birth:	

If you are applying for a voluntary aided (faith school), foundation school or academy, please ensure you check whether the school requires an additional information form to be completed.

SECTION 2 To be completed by parent/carer

Why do you want to transfer your child to another school?

Current/previous school:	
Address of school:	
Is your child still attending?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>
If no, give reason and the last date your child attended:	
Date of leaving current/previous school:	

Is your child in public care or accommodated by a local authority (a looked after child) or previously looked after?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	
If yes, which local authority?	
Please give the name of the social worker and a contact telephone number:	
Name:	
Telephone:	

In Birmingham we operate a Fair Access Sharing Protocol. This Protocol exists to ensure that all schools admit their fair share of children with challenging behaviour. In order to assist the Local Authority in determining if your child should be considered for a place using this protocol please answer the following questions:

Has your child ever been excluded from any school?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	
If yes, please give dates of fixed term and/or permanent exclusions and/or managed move:	

Are there any other agencies involved with your child, e.g. Education Welfare/YOS/YISP/Connexions/Social Worker/Family Support Worker? Please provide details and name of contact(s):

If your child is experiencing difficulties please explain what contact you have had with school regarding this. When was the last meeting with school, with whom did you meet and what was the outcome?

Any other information relevant to this application, for example social, educational or disciplinary issues:

SECTION 3 To be completed by parent/carer if applying for a faith school

If Catholic:

Has your child been Baptised Catholic or received into the church? Yes No (Please tick)

Date of Baptism:

(If Yes a copy of the baptismal certificate must be enclosed with this form)

Name of Church:

If Church of England:

Do you attend church regularly? Parent: Yes No (Please tick)

Child: Yes No (Please tick)

Name of Church:

Name of Priest/Minister:

If Muslim:

Which Mosque does the pupil normally attend?

If other faith:

Please specify any relevant details:

Please ensure that you have included any additional information forms that are required for your preferred school. Failure to complete additional information forms and provide a copy of a baptismal certificate may affect the outcome of your application.

SECTION 4 To be completed by Headteacher/Principal of your child's current or most recent school

Declaration:

I confirm that the information provided by the applicant on this application is correct: Yes No (Please tick)

Name of person completing this declaration:

Position:

Signature:

Date:

SECTION 5

To be read and signed by parent/carer

Declaration and consent to share information:

The information provided on this application form may be shared with other agencies and service providers to ensure that your child receives an appropriate service. The full Data Protection statement can be found in the parents' information booklet or online at www.birmingham.gov.uk/schooladmissions

If a parent/carer knowingly and willingly provides a false statement which would affect the success of this application they may have the school place withdrawn.

I confirm that I have read and understood the notes relating to this application.

I certify that the information, which I have provided is correct and that I am aware that giving false information may result in any offer of a school place being withdrawn.

I give my consent for the school/academy and the School Admissions service to contact relevant agencies in order to validate this application.

Title: (e.g. Mr/Mrs/Miss/Ms)

Full Name: (PLEASE PRINT)

Signature of Parent/Carer:

Date:

Relationship to child: (e.g. mother/Father/Foster Parent)

Home Telephone Number:

Work Telephone Number:

Mobile Telephone Number:

Important: Note to parent/carers:

If your preferred school is unable to offer your child a place, please contact staff in the Children's Information and Advice Service on 0121 303 1888 (option 4) who will be pleased to offer advice and guidance on what to do next.

Important: Note to School/Academy:

Please ensure you notify School Admissions of this application and its outcome.

Please return this application form to your preferred school.