



St. Peter's Catholic College – Supplementary Form to support your application for admission to Secondary School September 2026

Only complete this form if you have named St. Peter's Catholic Voluntary Academy as one of your preferred schools on your main application:

Legal Name of Child:	<input type="text"/>		
Date of Birth:	<input type="text"/>		
Name of Parents/Guardians:	1: <input type="text"/>	2: <input type="text"/>	
Home Address:	<input type="text"/>		
Postcode:	<input type="text"/>	Telephone Number:	<input type="text"/>

Religious Background

Religion:	<input type="text"/>		
Place of Child's Baptism:	<input type="text"/>	Date of Baptism:	<input type="text"/>
Have you enclosed a copy of the Baptismal Certificate? (Please tick as appropriate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Date of First Holy Communion:	<input type="text"/>		
Have you enclosed a copy of the First Holy Communion Certificate? (Please tick as appropriate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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.
- 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]

Please state the names and ages of any older brothers or sisters attending your preferred catholic school at the time of enrolment.

1	Name <input type="text"/>	Age <input type="text"/>
2	Name <input type="text"/>	Age <input type="text"/>

3 Name Age

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

Yes ☐ No ☐

Is your child in Public Care or have 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 (Please use additional sheets 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 if you require a paper copy of the
main form indicating if you would like to receive this by email or post.

Signature of
Parent/Guardian

Date

Full Name of Parent/Guardian
(PLEASE PRINT)

This form MUST be returned by 31 October 2025

PLEASE RETURN THIS FORM TO ST. PETER'S CATHOLIC COLLEGE
NORMANBY ROAD, SOUTH BANK, MIDDLESBROUGH, TS6 9SP