

Additional Information Form (AIF) to support an application for a place at a Catholic School

Please submit this form directly to the Catholic school(s) that you have listed on your Common Application Form (CAF).

Please write clearly and ensure that you have completed all the relevant parts of the form.

Full name of child

Date of birth

Are you applying to this school because you want a Catholic education for your child?

Please tick one box from those below to indicate your child's faith or religion:

Roman Catholic*

Other Christian**

Other faith**

Not applicable

I confirm that I am the parent or carer of the child named above and that the information given is correct.

| | | | |
|------------------|----------------------|-------------|----------------------|
| Signed | <input type="text"/> | Date | <input type="text"/> |
| Telephone | <input type="text"/> | | |
| Address | <input type="text"/> | | |

*If your child is a Roman Catholic, please attach a photocopy of the Baptismal Certificate.

**If your child is not a Roman Catholic, please ask your Minister or Religious Leader to complete the reference overleaf to confirm that your child is a worshipping member of a Christian Church or a World Faith.

Reference to be completed by your Minister/Religious Leader

Please state how you know the child named overleaf, and how frequently they worship in your community. This information will be used to place the child into a category according to our admission criteria, and so should confirm that the child is a worshipping member of your religious community.

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Everyone must complete the sections below:

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|---|-----|----|
| Name of place of worship: | | |
| Address of place of worship: | | |
| Telephone number: | | |
| <u>Full name</u> of Minister/Religious Leader who has completed this reference: | | |
| <u>Official position</u> at the place of worship (of the person named above): | | |
| <u>For Christian Churches only:</u> The place of worship named above is a full member of Churches Together in England (please circle the appropriate response). | Yes | No |
| Signed: | | |
| Date completed: | | |