



ST. JOHN FISHER CATHOLIC HIGH SCHOOL

HOOKSTONE DRIVE • HARROGATE HG2 8PT

Headteacher: Mr P.C.Jackson, M.A. (Cantab)

Telephone: (01423) 887254 Fax: (01423) 881056 Email: office@sjfchs.org.uk

SUPPLEMENTARY INFORMATION FORM
APPLICATION FOR ADMISSION TO YEAR 7 – SEPTEMBER 2010

Please complete all the information requested on this form and return it as soon as possible and no later than **Saturday 31st October 2009**. In addition applicants **must** complete their own Local Authority Preference Form, **as the governors cannot consider an application unless St John Fisher is named on the Local Authority preference form.**

THE PUPIL

SURNAME: _____

CHRISTIAN NAME/OTHER NAMES: _____

DATE OF BIRTH: _____ Boy Girl (*circle*)

ADDRESS: _____

(Where child _____

permanently resides) POSTCODE: _____ CONTACT TEL NO: _____

RELIGION OF CHILD _____

PARENTS/GUARDIANS

NAMES IN FULL

RELATIONSHIP TO
CHILD

NAMES IN FULL	RELATIONSHIP TO CHILD

TEL NO. for daytime contact: _____ E-MAIL _____

PLEASE GIVE THE NAME, ADDRESS AND CONTACT NUMBER OF ANY OTHER PARENT OR PERSON WITH PARENTAL RESPONSIBILITY (If different from above)

NAME & ADDRESS : _____

TEL NO: _____



EDUCATING FOR LIFE





ST. JOHN FISHER CATHOLIC HIGH SCHOOL

HOOKSTONE DRIVE • HARROGATE HG2 8PT

Headteacher: Mr P.C.Jackson, M.A. (Cantab)

Telephone: (01423) 887254 Fax: (01423) 881056 Email: office@sjfchs.org.uk

CURRENT SCHOOL

NAME OF PUPIL'S PRESENT SCHOOL _____

ADDRESS _____

RELIGIOUS AFFILIATION

Has your child been baptised according to the rites of the Roman Catholic Church or been received into the Roman Catholic Church?

YES/NO

For Roman Catholic Applicants

Date of Baptism _____ Place of Baptism _____

Please enclose a copy of your child's Baptismal Certificate or evidence of Reception into the Catholic Church (If sending original documents please enclose a SAE for return)

Please give the name of the Roman Catholic Parish in which you **now live** _____

Please give your place of worship (if different from above) _____

Please give the name of your Parish Priest _____ (From whom references may be requested)

For Applicants of other denominations

Are you a member of a religious community? Yes No

Religious affiliation/denomination _____

Place of Worship _____

Name and address of referee to support your application, which reflects the regular religious practice of your child (minister of religion or appropriate religious leader).

NAME _____

ADDRESS _____

IF YOU HAVE OTHER CHILDREN IN ST JOHN FISHER, PLEASE STATE THEIR NAMES AND YEAR GROUP



EDUCATING FOR LIFE





ST. JOHN FISHER CATHOLIC HIGH SCHOOL

HOOKSTONE DRIVE • HARROGATE HG2 8PT

Headteacher: Mr P.C.Jackson, M.A. (Cantab)

Telephone: (01423) 887254 Fax: (01423) 881056 Email: office@sjfchs.org.uk

Name:	Yr Group:
Name:	Yr Group:
Name:	Yr Group:
Name:	Yr Group:

DECLARATION

If my child is admitted to St John Fisher Catholic High School I am prepared to accept the rules drawn up by the Governors and fully support the Catholic goals and ethos of the school. I accept that my child will attend all religious observances at the school and participate fully in the school's programme of Religious Education.

Signed:
Parent/Guardian

Date

DATE RECEIVED:

Please note:- The school will **NOT** normally issue a confirmation of receipt of this form. Please enclose a SAE if you require this.



EDUCATING FOR LIFE

