

Child's Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Child's Religion: \_\_\_\_\_ Date of birth: \_\_\_\_\_



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Mathematics and Computing Specialist College  
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# Supplementary Information Form (SIF) for secondary school transfer Entry to Year 7 for 2023

Please refer to the admissions policy which is available on our website, under admissions, when filling in this form. Completion of this supplementary information form (SIF) is not mandatory; however, if one is not received, the Governors will not be able to apply their admissions criteria and the application will be considered under the “Other children” category.

THIS FORM MUST BE COMPLETED AND RETURNED BY **30<sup>th</sup> October 2022**

*If any of the information given on this form changes before you are notified of the outcome of the application, you **must** inform the Headmaster **IN WRITING**, immediately. Failure to do so may prejudice the application. False information, or the omission of material information, may result in disqualification, or even the loss of a place after it has been offered, accepted or taken up.*

## Section A (to be completed by Parent/Carers)

1. Please state the year group for which application is being made:

2. Child's Local Authority (of residence):

3. Please list Child's information (boys only)

First name/s	
Surname	
Home address (this must be the Child's permanent residence)	Postcode:
Date of birth (DD/MM/YY)	
Name of Child's current school	

4. Please list Parent/Carer's information

First name/s	
Surname	
Title (Mr, Mrs, Miss, Ms, etc.)	
Relationship to Child	
Address (if different to the Child's address above)	Postcode :
Contact details	Email address: Telephone number: Mobile telephone:

5. Proof of Parent/Carer's residency

Please attach a gas or electricity bill, dated within the last three months OR a water bill for the current year, for the address where the Child permanently resides.

**Section B** (To be completed by Parent/Carers. Answer ALL questions in this section with either YES or NO in the box.)

Question	Answer	Instruction
1) Is the Child a Catholic?  (Answer either Yes or No )		If “Yes” complete Section C
2) Does the Child belong to another faith other than the Catholic faith?  (Answer either Yes or No )		If “Yes” complete Section D
3) Do you want the Child to sit the aptitude test? <i>(Only available to Children applying for September intake into Year 7)</i>  (Answer either Yes or No)		If “Yes” complete Section E
4) Would the Child have a brother or sister in the College at the time of admission?  (Answer either Yes or No)		If “Yes” complete section F
Is the Child Looked After or previously Looked After?  (Answer either Yes or No)		If “Yes” please supply a document as proof

## Section C

(only to be completed if Child is Catholic)

### 1. Child's sacramental adherence

Date of Baptism  (Complete box below)	Child's age at Baptism (if age at baptism is more than 12 months please also complete Part 4)  (Complete box below)	Place of Baptism (Parish and Town / City)  (Complete box below)	Supporting evidence attached. (e.g. Copy of Baptism certificate or photos, service programme, other mementos etc.) (Please tick box below)
Date of First Holy Communion  (Complete box below)		Place of First Holy Communion (Parish and Town / City)  (Complete box below)	Supporting evidence attached. (e.g. Copy of First Holy Communion certificate or photos, service programme, other mementos etc.) (Please tick box below)

### 2. Details of present Parish / Chaplaincy and Priest

Name and town of the Parish / Chaplaincy to which the Child belongs (e.g. St Chad's, St Andrew's)	
How long has the Child belonged to the Parish / Chaplaincy?	
Name and address of a priest who knows the Child and Parent/Carer.  Please complete the attached Priest Reference sheet and give to your Parish Priest to complete. Please ensure that you submit this form with your application.	Priest's name:  Priest's address:

**Section D** (only to be completed if Child is NOT Catholic)

1. Which faith does the Child belong to?

2. Which faith do you, the Parent/Carer, belong to?

3. Child's Religious adherence

<p>Date of ceremony of initiation / affirmation into the faith.</p> <p>(Complete box below)</p>	<p>Supporting evidence attached.</p> <p>(e.g. Copy of certificate or photos, service programme, other mementos etc.)</p> <p>(Please tick box below if evidence is attached)</p>

4. Details of present place of worship

<p>Name and address of the place of worship.</p> <p>(Please complete the box to the right.)</p>	
<p>All Parent/Carers <b><u>MUST ATTACH</u></b> a written letter from the religious leader at their place of worship supporting the Child's application.</p> <p>(Please complete the box to the right.)</p>	<p>A supportive reference is attached from.....</p> <p>(Give name and position of the person who has written the reference)</p>

## Section E

(Only to be completed for Children who wish to take the aptitude test prior to entry in Year 7)  
Parents/Carers will be informed of the date of the test. Failure to attend will mean that the child cannot be considered under this category. The test is designed to assess aptitude in Information Technology.

1. Please tick the box if you wish your Child to sit the aptitude test in Information Technology.

2. Children who wish to sit the test must also attach a recent passport sized photo below.

Please attach a passport sized photo of Child here.

## Section F (to be completed for a Child who will have a brother or sister in the College at the time of admission)

1. Please tick the box if the Child will have a brother or sister in the College at the time of admission.

2. Please give the name of the brother or sister and their present form group (e.g. 10 Hill).

## Section G information supplied here may used if the tiebreaker criteria is required.

Special Circumstances:

Please mention in the box below any circumstances or issues (e.g. medical, social etc.) affecting the Child which you wish the Governors to be aware of and to take into account when considering your application. You should include any medical or other special reasons why the Child should be admitted to the School and not to any other school for which the Child may be eligible. Supporting evidence from a doctor, social worker or educational welfare officer must be supplied at the time of application or subsequently, but before the closing date for applications. Continue on separate paper if necessary.

## **Section H** (to be completed by ALL Parent/Carers)

### **SIGNATURE OF PARENT/CARER**

I confirm that the information given on this Supplementary Information Form is correct and that I have not omitted any material information and the information supplied is accurate and truthful.

Signed: ..... Date: .....

### **REMINDER:**

- **Please attach a copy (not originals) of supporting evidence of Baptism / Communion or Initiation Ceremony etc. to show religious commitment and practice (if relevant)**
- **For Non-Catholics : a supportive reference from place of worship must be attached**
- **Please attach a copy of Gas or Electricity bill (dated within the last three months) *or* Water bill (for the current year) for the address of the Child's permanent residence**
- **For all applications for places in Year 7, please ensure that you also complete the Local Authority's online Eadmissions Common Application Form (CAF)**
- **Information supplied may be used for registered purposes under the terms of the Data Protection act**
- **If you require a receipt for this form, please enclose a stamped self-addressed postcard**

**PARISH REFERENCE FORM FOR CATHOLIC APPLICATIONS ONLY**

**Child's details (to be completed by Parent/Carer):**

First name/s	
Surname	
Home address	
	Postcode:
Date of birth (DD/MM/YY)	

**Parent/Carer's information (to be completed by Parent/Carer):**

First name/s	
Surname	

**Note to Priest: Kindly complete this part of the form and stamp with the Parish Stamp**

**Comments from Priest:**                      **Please tick appropriate boxes.**

**I can confirm that the Child attends Mass:-**

- Weekly    Fortnightly    Monthly    Less than monthly    Never                       Cannot comment

**I can confirm that the Mother/Father/Carer attends Mass:-**

- Weekly    Fortnightly    Monthly    Less than monthly    Never                       Cannot comment

**I can confirm that this has been the pattern of family Mass attendance for:-**

- For at least the last .....year(s)                       Recent months

**Priest's Signature:** ..... **Date:** .....

**Parish Stamp:**

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