



Thomas Becket Catholic School

Becket Way, Northampton NN3 6HT
 Tel. 01604 493211 Fax 01604 497300

ADDITIONAL INFORMATION

Please complete all sections fully

Surname:	Address:
Christian Name(s):	Postcode:
Date of Birth:	
Gender: Male / Female	Home Telephone:

Please state which year group your child will go into

This section to be <u>fully</u> completed for all Catholic applicants		
Is your child a baptised Catholic?	Yes	No
Parish and Address:		
Name of Parish Priest:		
Date and Place of Baptism:		
Date and Place of First Holy Communion:		
Date and Place of Confirmation (if appropriate):		
This section to be <u>fully</u> completed by all non-Catholic applicants		
Is your child a baptised Christian?	Yes	No
If yes, please state denomination.		

Parish and Address:

Name of Vicar or Minister:

Date and Place of Baptism:

Date and Place of First Holy Communion (if appropriate):

Date and Place of Confirmation (if appropriate):

If your child is a member of a non-Christian faith please give details, including the name and address of a suitable referee:

Does the child have a Statement of Special Educational Needs?

Yes

No

Names of Parents/Guardians (Block Letters)

1. (Mr/Mrs/Miss/Ms) _____

2. (Mr/Mrs/Miss/Ms) _____

MOB :

DAYTIME TEL NO:

MOB :

DAYTIME TEL NO:

Signed:

[Parent/ Guardian]

Date:

Please note that this form is for information only. It should not be regarded as confirming entry to Thomas Becket Catholic School. Parents of students transferring in September will receive notification of acceptance or otherwise via the LA at the appropriate time. Parents of students transferring at any other time will be notified directly by the School.



respect

truth

compassion

justice

faith