



ST BONIFACE'S CATHOLIC COLLEGE
21 Boniface Lane, Manadon Park, Plymouth, Devon PL5 3AG
Telephone: 01752 779051; Fax: 01752 774692

SUPPLEMENTARY INFORMATION FORM (SIF)

FOR USE WITH THE LOCAL AUTHORITY COMMON APPLICATION FORM

MONTH AND YEAR OF ENTRY

M	M	Y	Y	Y	Y
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SURNAME

FIRST NAME(S)

DATE OF BIRTH

ADDRESS

.....

..... POST CODE

HOME TELEPHONE MOBILE NUMBER

E-MAIL ADDRESS(S)

SCHOOL NOW ATTENDING

ADDRESS OF SCHOOL

.....

PUPILS RELIGION / DENOMINATION

DATE OF BAPTISM / DEDICATION / OTHER

Please attach a copy of your child's Baptism / Dedication Certificate to this form if applicable

PARISH PRIEST/MINISTER OF FAITH/FAITH LEADER (PLEASE PRINT)

SIGNATURE

FROM(PLACE OF WORSHIP)

SIBLINGS AT THE TIME OF ADMISSION ATTENDING ST BONIFACE'S CATHOLIC COLLEGE

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PARENT/GUARDIAN NAME (PLEASE PRINT)

1. TITLE INITIAL SURNAME

2. TITLE INITIAL SURNAME

PARENT/GUARDIAN SIGNATURE

DATE

St Boniface's RC College reserves the right to share the information provided on this form within the School, Plymouth City Council and with other admission authorities as appropriate.

NB: Please see the admissions criteria – available on our website www.stbonifaces.com