



ARCHBISHOP BECK CATHOLIC COLLEGE

Office use only
Date SF Received:
Baptism Cert:
Confirmation of faith:
Receipt given:
Receipt Sent:
Criterion:
Distance:

SUPPLEMENTARY FAITH FORM FOR ENTRY IN SEPTEMBER 2021

This form should be completed in full by the parent / carer and **returned to Archbishop Beck by 31st October.**

Legal Surname of child: _____ Preferred Surname: _____

Forename _____ Middle Name: _____

Gender: Male Female Date of Birth: _____

Address of child: _____

*******Please attach a copy of your council tax bill OR utility bill (Gas, Electric or Water) to this application*******

Post Code: _____ Home Tel: _____ Mobile Tel: _____

Email address of parent / carer: _____

Current Primary School: _____

1. Is your child 'looked after' by the Local Authority? (**see note 1**) Yes No

2. Is your child a baptised Catholic? Yes No

3. If yes, please state parish of baptism and date (**see note 2**)

4. In which parish do you now live? _____

5. If your child **is not** a baptised Catholic, please state to which denomination or faith, if any, your child belongs (**see note 3**) _____

6. Does your child have any brothers or sisters currently in the college? Yes No

7. If yes please give name(s) and year group(s):
Name: _____ Year: _____
Name: _____ Year: _____

If the sibling is currently in Y11 the sibling rule will only apply if we are aware he / she is likely to return to our Y12 the following September.

If the sibling is currently in Y13 we will not be able to consider the application using the sibling relationship, as he / she will not be on roll the following September.

I certify that the above information is true and accurate.

Print Name: _____ Signature: _____

Relationship to child: _____ Date: _____

The Governing Body reserve the right to withdraw the offer of a college place where false evidence is received in relation to the application.

Parents must also complete the Local Authority preference form. If the college is oversubscribed, failure to complete this form may result in your application for a place in this college being considered against a lower priority criteria, as the Governing Body will have no information upon which to assess the application on the basis of the applicant's baptism or membership of a faith community.

Checklist: Please tick where appropriate:

- I / We have enclosed a copy of my child's Baptism Certificate (**Catholic applicants**).
- I / We have enclosed a copy of my child's Baptism Certificate (**Christian children other than Catholic**).
- I / We have enclosed confirmation of my child's faith group (**other faiths**).
- I / We have completed the Local Authority Preference Form naming Archbishop Beck Catholic College as one of the choices and returned it to the Local Authority.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Notes

1. Looked After Child

A Looked After Child is a child who is (a) in the care of a Local Authority, or (b) being provided with accommodation by a Local Authority in the exercise of their Social Services functions (under section 22(1) of the Children's Act 1989). A previously Looked After Child is one who immediately moved on from that status after becoming subject to an adoption, child arrangements order or special guardianship order.

A child is regarded as having been in state care in a place outside of England if they were accommodated by a public authority, a religious organisation or any other provider of care whose sole purpose is to benefit society. Applications must be supported with appropriate evidence that the child has been adopted from state care.

Please attach a copy of the adoption, residence or special guardianship order to this form.

2. Evidence of Baptism – CATHOLIC **(TO BE COMPLETED BY THE PARISH PRIEST)**

Proof of baptism in the form of a Baptism Certificate is required. **If you do not have a Baptism Certificate** your Parish Priest will be required to confirm your child is a baptised Catholic by completing and signing the section below.

I confirm that _____ (child's full name) has been baptised into the Catholic faith.

Date of Baptism: _____

Priest / Deacon's name: _____

Parish: _____

Signature of Priest: _____

Today's Date: _____

Parish Stamp:

3. Evidence of Faith Group membership – OTHER THAN CATHOLIC

- a) If your child is to be considered under the relevant criterion as other than Catholic Christian, please state your Christian denomination. Proof of Baptism in the form of a Baptismal Certificate **or** confirmation in writing by completing the statement below to show that your child is a member of a faith community by an appropriate Minister of Religion is required.
- b) If you belong to a faith other than the Christian faith, please state to which faith you belong. An appropriate faith leader would need to confirm in writing by completing the statement below that your child is a member of their faith group.

Minister of Religion / Faith Leader

Minister / Leader (Print name): _____

Address: _____

Post Code: _____

Position held: _____

Signature of Minister / Leader: _____

Today's Date: _____