

## SUPPLEMENTARY INFORMATION FORM ST JOHN BOSCO ARTS COLLEGE

PLEASE NOTE that the Council application is also filled in online by 31 <sup>st</sup> October as this form is not part of the Council application process	
https://liverpool.gov.uk/schools-and-learning/school-admissions/how-to-apply/	
SURNAME OF STUDENT:	
FORENAME(S) OF STUDENT:	DATE OF BIRTH:
ADDRESS (including postcode):	
EMAIL ADDRESS:	
PARENT/CARER NAME:	MOBILE TEL:
RELATIONSHIP TO CHILD:	HOME TEL:
ADDRESS IF DIFFERENT TO ABOVE:	
IS YOUR CHILD BAPTISED CATHOLIC? YES/NO	DATE OF BAPTISM:
If YES a copy of Baptismal Certificate is required to confirm this information	
RESIDENT PARISH:	PRIMARY SCHOOL ATTENDED:
SIBLING IN SJB AT TIME OF ADMISSION? YES/NO	NAME OF SIBLING(S) AND YEAR GROUP:
If you wish your child to be considered under the FAITH	
criteria other than Catholic, please state which faith they belong to:	
Please note proof of the above will be required in the form of confirmation by member of faith community or reference from an appropriate faith leader	
I have read the College rules and agree to abide by them and to ensure, as far as is possible, that my child obeys them. If my child loses or damages text books, supplies or equipment belonging to the College, I agree to pay the cost.	
SIGNATURE OF PARENT/GUARDIAN:	
NAME OF PARENT/GUARDIAN:	DATE:
Please complete all sections and return to St John Bosco Arts College by	
31 <sup>st</sup> October with ALL relevant supporting documentation.	

ST JOHN BOSCO ARTS COLLEGE 61 Storrington Avenue, Liverpool L11 9DQ