

Christ the King Catholic High School

Stamford Road, Southport, Merseyside PR8 4EX Tel: 01704 565121

Surname	First Names	Gender: M / F					
Address							
Post Code	Date of Birth						
Religious Denomination	Parish						
Telephone No:							
Present School							
Current School Year	6	7	8	9	10	11	Please circle as appropriate
Proposed date of admission:							
Name of Parents/Guardians	Mr/Mrs/Miss/Ms/Dr/Rev						
	Mr/Mrs/Miss/Ms/Dr/Rev						
<p>Please ensure the information given above is accurate as this could affect your daughter or son's application.</p> <p>The governors of Christ the King are the admissions authority for applications to the school. This form should be returned directly to Christ the King School by 31st October. Please note, late applications may not be considered. The school works closely with Sefton Admissions and information on applications is passed automatically to them.</p>							
I confirm that, to the best of my knowledge, the above information is correct.							
Signature of Parent/Guardian		Date					



**ARCHDIOCESE OF LIVERPOOL
SUPPLEMENTARY FAITH REQUEST FORM
CHRIST THE KING CATHOLIC HIGH SCHOOL**



This form must be completed by the parent/guardian and signed by a Minister of Religion.

SECTION A *(to be completed by the Applicant)*

Name of applicant:

Address of applicant:
.....

What is your faith community?

Parish/area of faith community in which you live:

SECTION B *(to be completed by Minister of Religion)*

If **Roman Catholic** would you confirm that the applicant is a baptised Catholic.
Proof of baptism is required.

Yes

No

If **Christian** would you confirm that the applicant is a baptised/enrolled Christian.
Proof of baptism/enrolment is required.

Yes

No

If of a **faith other than Christian** please would you confirm that the applicant is a member of your faith community.

Yes

No

Signed (Minister of Religion)

Print Name

Address

Position held