

**St Alban’s Catholic High School**



**Admissions from September 2025**

**Supplementary Information Form**

**IMPORTANT**

We strongly recommended you complete and return this form for any application to the school. This will enable us to rank your application as per the school’s Admissions Policy. Without this your child may be ranked lower and/or have their entry delayed.

For admission in Year 7 next September you must also complete the Local Authority form and submit it to the Local Authority. Parents of children attending or due to attend state schools should receive details of the admissions process from their own Local Authority.

For admission at any other time to any year group, you must complete and submit an ADM1 form to us. This is available from the school website.

**RETURNING THIS FORM**

Please return this completed form and any associated documents

by email to:

admissions@st-albans.suffolk.sch.uk

or by post to:

The Admissions Officer, St Alban’s Catholic High School, Digby Road, Ipswich, IP4 3NJ

If applying for admission in Year 7 in September 2025, please submit by 31st October 2024.

*Please let us know if you require an acknowledgement of receipt of this form.*

**For Year 7 September application:**

I have completed my own Local Authority’s school application form: **YES / NO**

**For other application:**

I have completed and submitted an ADM1 to the school: **YES/NO**

**Name of Child:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Date of Birth:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Name of parent/carer contact:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Home Address:**. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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**Telephone Number:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Email address:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Current school:**. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

1. **If Catholic please state:**

**Date of baptism:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Place / parish of baptism:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

***Please provide a copy of your child’s Catholic Baptismal certificate or First Holy Communion certificate.*** *Those who have been baptised in other Christian communities and subsequently Received into the Catholic Church should enclose a copy of their First Holy Communion certificate or certificate of reception.*

1. **Faith if your child is of another Christian denomination or is of another faith:**

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***Please provide a copy of a baptismal certificate or a letter from your local faith leader stating your child is known to the faith leader and is a regular attendee at services.***

1. **Are you applying as a member of staff at St Alban’s Catholic High School?** **YES/NO**