



# St Cuthbert Mayne School

Joint Catholic and Church of England 11-18 Comprehensive School Dioceses of Plymouth and Exeter

Trumlands Road, Torquay, Devon, TQ1 4RN Tel: 01803 328725 email: admin@stcm.torbay.sch.uk

Headteacher  
Mr Peter S Brown

## SUPPLEMENTARY INFORMATION FORM

Please complete in **BLOCK CAPITALS**

### SECTION 1- REGISTRATION

|                        |  |  |  |         |  |
|------------------------|--|--|--|---------|--|
| LEGAL SURNAME OF CHILD |  |  |  |         |  |
| FIRST NAMES            |  |  |  | GENDER  |  |
| DATE OF BIRTH          |  |  |  | TEL NO. |  |

- I am applying for a place within Criteria 1 or 2 of the Admissions Criteria  
Complete section 2. Then go to Section 3.
- I am applying for a place within Criteria 3 of the Admissions Criteria  
Complete sections 2 and 3.
- I am applying for a place outside of the above criteria in the Admissions Criteria  
Go to section 3.

### SECTION 2 – BAPTISM & RELIGIOUS INFORMATION

|  |   |   |
|--|---|---|
| Has your son/daughter been baptised?   | Yes <input type="checkbox"/>                    | No <input type="checkbox"/>   |
| Date, Church and Town of Baptism   |   |   |
| Is your son/daughter a regular worshipper? (please base your answer on the last 12 months) |   |   |
| No <input type="checkbox"/>  | Yes: more than monthly <input type="checkbox"/> | monthly <input type="checkbox"/> less than monthly <input type="checkbox"/> |
| Name and address of the priest / minister of the church at which your child worships:      |   |   |

Please attach a photocopy of the Certificate of Baptism to your application as originals cannot be returned. Please be aware that this application form will be sent to the minister named above together with the Religious Affiliation Form for completion.

### SECTION 3 SIGNATURE

|                   |                           |
|-------------------|---------------------------|
| Signed _____      | Title (Mr/Mrs etc): _____ |
| Print Name: _____ | Date: _____               |



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