




HEADTEACHER
MR GLYN POTTS MBE DL

NEWMAN RC COLLEGE 2025/26 SUPPLEMENTARY INFORMATION FORM:

Please complete BOTH sides of this form, sign and return to: Mrs Hodgkin, Admissions Officer

PLEASE REFER TO THE COLLEGE ADMISSIONS POLICY BEFORE COMPLETING THIS FORM –

You must also apply online to your Local Authority

CHILDS FULL LEGAL NAME: _____ Please read in conjunction with the Admissions Policy and tick which criteria your application is eligible to be judged on. All children whose Education, Health and Care Plan [EHCP] names Newman RC College will be admitted to the college. If your child has Special Educational Needs but does <u>not</u> have an Educational Health & Care Plan; then your application will be considered on the basis of the college admission policy.		Please tick which criteria is eligible 
1	Roman Catholic Children who are Looked After (CLA) and Baptised Roman Catholic children who were previously Looked After and this includes Baptised Roman Catholic children who have been in state care outside of England and have ceased to be in state care due to Adoption.	<input type="checkbox"/>
2	Roman Catholic children attending a Partner Primary School as below i. Corpus Christi RC Primary vii. St Herbert's RC Primary ii. Holy Family RC Primary viii. St Joseph's RC Primary iii. Holy Rosary RC Primary ix. St Mary's RC Primary iv. SS Aidan and Oswald's RC Primary x. St Patrick's RC Primary v. St Anne's RC Primary School xi. St Theresa's RC Primary vi. St Edward's RC Primary or Roman Catholic Children living in the priority area. (ie, paying their council tax to Oldham Local Authority)	<input type="checkbox"/>
3	Roman Catholic children who have a sibling living at the same address and who will be on roll at the College at the time of admission. Name of sibling on roll _____	<input type="checkbox"/>
4	Other Roman Catholic children	<input type="checkbox"/>
5	Other Children who are Looked After or previously Looked After Children. This includes other children who have been in state care outside of England and have ceased to be in state care due to Adoption.	<input type="checkbox"/>
6	Other children attending a Partner Primary School (as those listed above in criteria 2). Please do not tick option 2. Name of primary school _____	<input type="checkbox"/>
7	Other children who have a sibling living at the same address and who will be on roll at the College at the time of admission. Name of Sibling on roll _____	<input type="checkbox"/>
8	Children of staff who are/have been permanently contracted to work at the College for a period of 2 years at the time of both application and of admission, or who have been recruited to fill a vacant post for which there is a demonstrable skill shortage	<input type="checkbox"/>
9	Other Children living within the priority area (ie, paying their council tax to Oldham Local Authority)	<input type="checkbox"/>
10	Any other children	<input type="checkbox"/>

Please complete part 1b overleaf



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OFF CANON DOLAN WAY
CHADDERTON, OL9 9QY



ENQUIRIES@NEWMANRC.OLDHAM.SCH.UK
WWW.NEWMANRC.OLDHAM.SCH.UK

APPENDIX 1b**SUPPLEMENTARY INFORMATION FORM [SIF]**

Please complete in BLOCK CAPITALS and return to Newman RC College

PUPIL DETAILS:

LEGAL FORENAME[S]	_____
MIDDLE NAME	_____
LEGAL SURNAME	_____
DATE OF BIRTH	_____
ADDRESS	_____
	POSTCODE
IS YOUR CHILD? Please do not leave blank	
BAPTISED ROMAN CATHOLIC If this box is ticked the Parent/legal guardian MUST provide a copy of the child's Baptism Certificate with this form or your child will not be listed as a baptised RC child	OTHER CHILDREN
<input type="checkbox"/>	<input type="checkbox"/>
If you have any queries regarding evidence of your childs Catholic baptism please contact the college ASAP	

FOR BAPTISED ROMAN CATHOLIC APPLICANT [PUPIL] ONLY		<i>please print information</i>
DATE/MONTH OF THIS APPLICANTS RC BAPTISM	_____	YEAR _____
NAME OF PARISH/RC CHURCH	_____	
Full address of RC church	_____	
PARISH LOCATION [TOWN/CITY]	_____	
Name of Priest:	_____	
I confirm the information provided has been checked for accuracy. This must be completed		
SIGNED [Legal parents/Guardian]	_____	NAME please print _____
RELATIONSHIP	_____	DATE _____

NAME OF PRIMARY SCHOOL IF LIVING OUT OF THE OLDHAM BOROUGH _____

Please submit this form [and the child's RC Baptismal Certificate if applicable] before 31st October 2024, 5.00pm.
 Any incomplete forms will be classed as **CRITERIA 10** [Any other children]

Please refer to Newman RC Admission's Policy which is available via www.newmanrc.oldham.sch.uk or via www.oldham.gov.uk