

St Bonaventure's School



SUPPLEMENTARY INFORMATION FORM SEPTEMBER 2025 APPLICATION

Applicants should note that unless this Supplementary Application Form (SIF) is completed and returned on time to the school, the Governors will be unable to determine the criteria and so the application will be placed under Criterion 8: "Any Other Children" by default.

If the Common Application Form (CAF) is not completed and returned to the appropriate Education Authority the application will be invalid and the Education Authority will not offer a place for your child in St Bonaventure's school.

Please read the Admissions Criteria before completing this form.

Return this Supplementary Information Form <u>directly</u> to St Bonaventure's School <u>NOT</u> to Pupil Services Section at Newham Education Department.

CHILD' NAME			
HOME ADDRESS			
POSTCODE			
DATE OF BIRTH RELIGION			
HOME TELEPHONE MOBILE			
NAME OF PARENT/GUARDIAN MAKING THIS APPLICATION:			
NAME, YEAR & FORM OF ANY SIBLINGS CURRENTLY IN ST BONAVENTURE'S:			





 $(PTO) \rightarrow$



St Bonaventure's School



NAME AND	ADDRESS OF PARISH CHURCH	
	POS	TCODE
CHURCH (USUALLY ATTENDED (if different fr	om above)
	POS	ГСОДЕ
DATE AND	PLACE OF BAPTISM	
(A	ttach a photocopy of the child's B	aptism Certificate securely)
If you have SIF.	a Non-Catholic Faith Leader Refere	nce Form you must attach this to your
•	th Leader intends to send the Reference's by 31st October 2024.	nce in separately, this must arrive in St
I co	onfirm that the information on this app of my knowledge a	
Date	Signed	Parent/Guardian
	pplementary Information Form and o rned to St Bonaventure's, Boleyn Roa	11 0
		place in St Bonaventure's school, if they the Supplementary Information Form,





the Common Application Form or the Faith Leader Reference Form is incorrect or false.