



St Peter's
SIXTH FORM
Discover your potential

St Peter's Sixth Form

Part of St Peter's Catholic School, Guildford in the Diocese of Arundel and Brighton

Horseshoe Lane East, Guildford, Surrey, GU1 2TN

Telephone: 01483 534654

Email: 6thform@st-peters.surrey.sch.uk

www.st-petersschool.sch.uk

SUPPLEMENTARY INFORMATION FORM

For admission in 2027-2028

Important note to Parent/Carer:

- If you are expressing a preference for a place for your child at this Sixth Form and wish to apply in connection with the faith criterion two, you should complete this Supplementary Information Form (SIF). Please note that parents/carers applying under criteria one and three do not have to complete a Supplementary Information Form (SIF).
- If you do not complete the SIF and return it to the school with all supporting documents by the closing date, your child may not be placed in the appropriate faith criterion.
- For a Year 12 Admission in the normal admissions round for the Year 2027–2028, the completed SIF together with all supporting documents, should be returned to the Sixth Form by **27th November 2026**.

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS

Student Details	
Surname	<input type="text"/>
Forenames (in full)	<input type="text"/>
Date of birth:	<input type="text" value="/ /"/>
Name of current school	<input type="text"/>
Home Address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Post Code:"/>
Home Telephone Number	<input type="text"/>

Parent/Carer details	
Name (in full)	<input type="text"/>
Address (if different from student)	<input type="text"/>
Contact Telephone Number(s)	Home <input type="text"/>
	Mobile <input type="text"/>
Email Address	<input type="text"/>

The oversubscription criteria for admission to St Peter's Sixth Form in 2027-2028 are reproduced below. In order to ensure that places are offered fairly and in accordance with the Admissions Policy, please tick the highest criterion box, which most accurately applies to your child. *The brackets refer to notes in the Admissions Policy.*

1. Looked after or previously looked after students (*see notes a and b*)
2. Catholic students (*see note b*)
3. Any other students

Applications for Catholic students - evidence required:

My child is a Baptised Catholic or has been received into the Catholic Church

Yes

No

Date of Baptism

Parish where child baptised

Note: A copy of the Certificate of Baptism/Reception into the Church must be included with this application.

Present Parish ***:

The application must be supported by the Parish Priest's signature and stamp. Please ask your Parish Priest to sign/stamp the box below *****NOTE:** This box to be completed by priest(s) only

Name of Parish Priest(s): _____

Signature of Parish Priest(s): _____

Date:

Affix Parish stamp(s) or seal(s), right:

*** *The priest concerned would be the priest where the child or parent/carer normally worship or, if they do not practise their faith by attending Mass, the parish priest of the parish in which they are resident.*

Additional Note for Catholic Applicants:

The Sixth Form may request additional supporting evidence if the written documents that are provided do not clarify the fact that the child was baptised or received into the Catholic Church e.g. where the name and address of the church is not on the certificate or where the name of the church does not state whether it is a Catholic Church or not. Those who have difficulty obtaining written evidence of baptism or reception into the Catholic Church should contact their parish priest.

Application Declaration (to be signed by parent/carer)

I confirm that I have read and understood the Sixth Form Admissions Policy and that the information I have given on this form is accurate and truthful. I understand that I must notify the Sixth Form immediately if there is any change to these details and that should any information I have given prove to be inaccurate the Governing Body may withdraw any offer of a place, even if the child has already started at the Sixth Form.

Parent/Carer signature _____

Print full name Mr/Mrs/Miss/Ms/Dr _____

Date: DD/MM/YYYY

When you have completed this form please return it (together with supporting documentation, if applicable) to: The Sixth Form Coordinator, St Peter's Sixth Form, Horseshoe Lane East, Guildford, GU1 2TN.

Reminder: The closing date for return of this form for a Year 12 place for September 2027 is 27th November 2026.

Note: For further information on the way we use your data, please see the Xavier Catholic Education Trust Privacy Notice, which can be found on the website <https://www.xaviercet.org.uk/>