Diocese of Westminster

Catholic Primary Schools

Name and Address of School:

Supplementary Information Form 2019 – 2020

					, and the second	~
Child's Details						
Child's surname:						
Child's first name:						
Home Address:				Date of E	Birth:	
				Doctoods		
<u> </u>				Postcode	<u> </u>	
Parent/Carer Details						
Parent/Carer's name						
Address (if differen						
above):						
Telephone number:						
Details of Religion						
Religion of child:	eligion of child: Catholic				(name	of
(Please tick)		denominatio	n)			
Cathalia Badah a di	. • .					
Catholic Parish you li	ve in:					
Church where child baptism: (baptism ce						
Daptisiii. (Daptisiii Ce	i tilicate i	equileu)				

Name ar	nd position	of pries	t s	supplying
Certificate	e of Catho	olic Pract	ice	(where
appropriat	te)			

I confirm that I have read and understood the Admissions Policy and that the information I have provided is correct. I understand that I must notify the school immediately if there is any change to these details and that should any information I have given prove to be inaccurate that governors may withdraw any offer of a place even if the child has already started school.

Signed	Date
--------	------

Please note:

- Where applicable parents can obtain a Certificate of Catholic Practice from the parish in which they worship or from the Diocese of Westminster website.
- You **must** complete your local authority's application form online or on paper by the closing date. If you do not do this you will not be offered a place.

Checklist:

Have you enclosed:

Copy of baptism certificate (where necessary)

Certificate of Catholic Practice (where necessary)

Evidence of exceptional need (where necessary).

Have you completed your local authority's online application form?