



# St. Joseph's RC Primary School, George Row, London SE16 4UP

## Supplementary Information Form

Note<sup>1</sup> For Reception places, you must also complete and return a Common Application Form (CAF). This form is available from the school and/or Local Authority of the Borough of residence.

Note<sup>2</sup> If you are using this form to apply for a place in our school Reception classes, the deadline for the submission of this form is the date shown on the Local Authority CAF. **Any Supplementary forms received after this date, will be treated as 'Late' applications.**

### PART 1: (To be completed by all parents or carers)

Surname of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Christian/forename(s) of child: \_\_\_\_\_ Boy  Girl

Religion/Denomination: (e.g. Roman Catholic) \_\_\_\_\_

Date and place of Baptism (if applicable): \_\_\_\_\_

Parents' names: \_\_\_\_\_

Parents' religions/denominations: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Contact telephone numbers: Home: \_\_\_\_\_ Mobile 1: \_\_\_\_\_

Work: \_\_\_\_\_ Mobile 2: \_\_\_\_\_

If **Catholic**, indicate which Mass you normally attend:

Saturday at \_\_\_\_\_ (time) or Sunday at \_\_\_\_\_ (time)

Parish in which you **live** (e.g. Holy Innocents, Orpington) \_\_\_\_\_

Usual place of worship (if different): \_\_\_\_\_

How long have you worshipped there? \_\_\_\_\_ years.

(If you have recently moved to the parish please give details of your previous parish: \_\_\_\_\_

\_\_\_\_\_

How often do you attend Mass?  weekly  once or twice a month  less often

Please add here any other information you may feel is relevant to this application in relation to the school's admissions policy in respect of exceptional medical, social or pastoral needs of your child that make only this school suitable for them. Strong and relevant evidence must be provided by an appropriate professional authority (e.g. qualified medical practitioner, education welfare officer, social worker or priest). (Continue on a separate sheet if necessary)

Please give details of any siblings who will be a pupil at St. Joseph's School on time of entry for the above child:

Name: \_\_\_\_\_ Class: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Class: \_\_\_\_\_ Date of birth: \_\_\_\_\_

I confirm that the information we have given on this form is accurate and truthful:

Signed: \_\_\_\_\_ Parent/carers Date: \_\_\_\_\_

For school use only:

Date received: \_\_\_\_\_

Documents received: Baptism Certificate  Proof of address:  Proof of ID

