

Catholic Primary Schools in London Borough of Lewisham
Supplementary Information Form
 For entry to
RECEPTION Class 2019/2020

Name of Child known as Male/Female

Family Name Date of Birth / /20...

Parents'/Carers' Name/s (please print)

Mr/Mrs/Ms/Miss

Contact Number Relationship

Mr/Mrs/Ms/Miss

Contact Number Relationship

Home Address of Child

..... Postcode.....

Religion of Child Date of Baptism / /

Father's Religion Mother's Religion

Names of siblings who will be on roll in September **2019** at any of the schools you are applying for:

Signed Parent/Carer Date / /

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 family that make only this school suitable for them. Strong and relevant evidence must be provided by an appropriate professional authority (eg qualified medical practitioner, education welfare officer, social worker or priest).

(The **original** of this form and your child's Baptismal Certificate must be taken to each primary school you choose to apply for so that they may be photocopied)

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To be completed by Parish Priest

Family Name: _____ **Child's name:** _____

This family is known to me (please tick)

This family is new to the Parish (please tick)

If you are new to the Parish you should also obtain a reference from your previous Parish Priest and attach it to this form.

- They attend mass:
- Every week
 - Three times each month
 - Twice each month
 - Once each month
 - Less than once a month
 - I cannot confirm they attend Mass

Signed Name

Date Tel No

Please add the Parish seal or stamp

If you are not a Catholic, please ask a Minister of Religion to complete the section below:

Family Name: _____ **Child's name:** _____

This family is known to me (please tick) This family are members of our faith community (please tick)

Name: _____ Position; _____

Name and address of church: _____

Signature: _____ Date; _____

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