

Catholic Primary Schools in London Borough of Lewisham
Supplementary Information Form

for entry to

RECEPTION CLASS 2018/19

Name of Child known as Male/Female

Family Name Date of Birth / /

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 / /

Names of siblings (as defined in policy) who will be on roll at any of the schools you are applying for at the time of admission:

Signed Parent/Carer Date / /

Please attach any other information you may feel is relevant to this application in relation to the school's admissions policy in respect of "exceptional medical or social needs" You must support your claim with professional evidence. We ask for a letter from a hospital consultant if you have a medical reason or a social worker if you have a social reason for your claim (or provide a letter from a professional of equivalent standing). The letter must clearly state why the particular school is the only school to meet the child's specific needs. The letter must be provided with the application and must be submitted by the closing date. If this documentation is not provided it will not be possible to consider any exceptional medical or social needs. Each case will be considered on its individual merits and such applications will not necessarily be given priority over those of other children.

(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).

To be completed by the Priest of the Parish in which you regularly worship

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; _____