



ST JOSEPH'S CATHOLIC PRIMARY SCHOOL

Supplementary Information Form 2022-2023

Please use **BLOCK** letters

Cadogan Street
London SW3 2QT
Tel: 020 7589 2438

DETAILS OF CHILD

Child's First Name _____ Surname _____

Date of Birth _____ Year Group Applied for: **RECEPTION**

Age of child applying at the time of the application _____

Date of application _____

Child's Address _____

Postcode _____

DETAILS OF PARENTS OR CARERS

Title (e.g. Miss, Mrs, Mr etc) ____ Surname _____ Forename _____

What is your relationship to the child? (E.g. mother/father/carer) _____

Address (If different from child's address) _____

Postcode _____ Telephone No. _____

Email _____

DETAILS OF RELIGION

Religion of child: (Please tick)	Catholic	Other Christian (name of denomination e.g. Methodist)	Other faith
Catholic Parish you live in:			
Church where child was baptised and date of baptism: (baptism certificate required)			
Name and position of priest supplying CCP or religious leader supplying letter confirming membership of faith community: (where appropriate)			
Names of brothers or sisters at the school who are still attending:			

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 the governors may withdraw any offer of a place even if the child has already started school.

Signed: Date:..... **Cont.**

Please note:

- Where applicable parents can obtain a CCP from the Parish where they practise or from the Diocese of Westminster website at www.rcdow.org.uk/Education. Follow Guidance & Policy Documents, Admissions: Guidance notes and CCP for priests.
- Applicants from other Christian denominations may attach either a certificate of baptism or a letter from their minister or religious leader confirming membership of the faith community.
- You **must** complete your local authority's on line Application Form and return it to the council offices 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 appropriate)

Have you completed your local authority's on line Application form?

Please attach photocopies of Baptismal Certificates (if applicable).

THE SCHOOL IS COMMITTED TO PROTECTING THE INFORMATION PROVIDED BY PARENTS/CARERS AND USING IT ONLY FOR THE PURPOSE FOR WHICH IT WAS OBTAINED. FOR INFORMATION ON THE SCHOOL'S PRIVACY NOTICE PLEASE READ THE ADMISSIONS PRIVACY NOTICE. FURTHER INFORMATION MAY BE OBTAINED BY VISITING THE SCHOOL WEBSITE AT www.stjosephs.rbkc.sch.uk OR BY CONTACTING THE SCHOOL OFFICE VIA info@stjosephs.rbkc.sch.uk.

Signature of Parent/Carer _____ Date _____

Optional: How did you hear about us? (please tick)			
Search engine		Magazine advertisement	
Recommended by a friend or colleague		You have children in other year groups	
Social media		Other (please state)	

School Use Only	
Date of Received: _____	Evidence of Baptism Y/N
St Mary's Parish: _____	
Brother/Sister: _____	Place offered School: Letter dated _____
Medical/Social: _____	
Other: _____	Forms sent on: _____