

La Sainte Union Catholic School

Highgate Road, London NW5 1RP Telephone: 020 7428 4600: Fax: 020 7267 7647

e-mail : admissions@lsu.camden.sch.uk

SUPPLEMENTARY INFORMATION FORM PRIMARY/SECONDARY SCHOOL TRANSFER SEPTEMBER 2017

Surname of Child: _	
First Name of Child:	
-	

Please read notes on the back page

This form should be returned by <u>21 October 2016</u> to La Sainte Union for the attention of The Admissions Officer

You must also complete your Local Authority's e-admission form by 31 October 2016, listing your school preferences clearly

Child's Details			
Surname			
Christian Name[s]			
Date of Birth			
Home Address			
Postcode			
Date and Place of Baptism			
Parent/Carer Details			
Parent/Carer Name[s]			
Home Telephone Number			
Mobile Number			
Contact e-mail address			
Work Telephone Number			
Details of Siblings in La Sc	inte Union at time of adr	nission	ı
Full No	ame	Date of Birth	Form

Parish in	ı which y	you live	or worshi	p
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Name of Church	
Full Address of Church	
Name of the Priest to whom you are known <u>and from</u> whom the Certificate of	
Catholic Practice will be obtained	

Please enclose <u>a copy</u> of the child's Baptism Certificate or proof of Reception into the Catholic Church. <u>PLEASE DO NOT SEND ORIGINALS</u>.

	Enclosed	To Follow (please give reason)
Copy of Child's Baptism Certificate		
Certificate of Catholic Practice		

Is the child a Looked After Child or recently adopted child or		
subject to a 'child arrangements' or special guardianship order	YES	NO
having previously been 'looked after'?		

If you have answered 'Yes' to the above question, please attach professional written evidence to verify this.

Are you applying on behalf of a child with exceptional needs		
which can only be met at this school rather than any other	YES	NO
school?		

If you have answered 'Yes' to the above question, please attach professional written evidence to verify this.

Are you applying for a Specialist Music Place? It is not essential for your daughter to have passed examinations to be considered under this criterion.	YES	NO
If so, please state if your daughter sings or which instrument she plays, e.g. violin, trumpet.		

NOTES

SUPPLEMENTARY INFORMATION FORM

This form must be returned to the Admissions Officer, La Sainte Union Catholic Secondary School, Highgate Road, London NW5 1RP, by Friday 21 October 2016, so that the Governing Body can consider your application.

You must also complete your local authority's e-admission form by Monday 31 October 2016. If La Sainte Union is not listed as a preference on the e-admission form, the Governing Body will be unable to offer your daughter a place.

INFORMATION ABOUT RELIGIOUS PRACTICE

If applying under Over-Subscription Criterion ii, you should submit a Certificate of Catholic Practice, completed by your Parish Priest.

If applying under Over-Subscription vi (Other Christian Girls from practising Christian families), you should submit a supporting letter from your minister confirming membership of the faith community.

Please note that any false or misleading statements may lead to any offer of a place being withdrawn, even if your daughter has already started at La Sainte Union.

I confi	rm that :
[a]	I have read the Admissions Policy for the School and Notes;
[b]	the information given on this form is correct and that I have not omitted any material information;
[c]	I understand I must notify the school immediately if there is any change to these details.
This fo	rm is to be signed by the parent/carer named on this form.
Signed	d :
Date :	: