Diocese of Westminster Catholic Primary Schools Supplementary Information Form 2017 – 2018



Name and Addres	s or scn	001:		
Child's Details				
Child's surname:				
Child's first name:				
Home Address:			Date of Birth:	
			Post	code:
			1 030	code.
Parent/Carer Detail	s			
Parent's name:				
Address (if different	from			
above):				
Telephone number				
		,		
Details of Religion				
Religion of child: (Please tick)	Catho	lic	Other Christian (name of denomination)	Other faith
Catholic Parish you	live in:			
Church where child baptism: (baptism c				
Name and position of Catholic Practice (wh	f priest su	pplying Certificate of		

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

Signed Date
Please note:
 Where applicable parents can obtain a Certificate of Catholic Practice from the school or from the Diocese of Westminster website.
 Applicants from other Christian denominations and other faiths may attach a letter from their minister or religious leader, confirming membership of that faith community.
 You must complete your local authority's application form online 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
Certificate of Catholic Practice (where necessary)
Evidence of exceptional need (where necessary).

Have you completed your local authority's online application form?