ST JOSEPH'S RC PRIMARY SCHOOL APPLICATION FORM

(Supplementary Information Form)

DETAILS OF CHILD



Cadogan Street London SW3 2QT Tel: 020 7589 2438

Child's First Name		Surname		
Date of Birth		Year Group Applied f	Year Group Applied for:(e.g. Nursery, Reception, Year 1, Year 2 etc)	
Child's Address			•	
		Postcode —		
DETAILS OF PA	ARENTS OR CAR	ERS		
Title (e.g. Miss, Mrs, Mr etc) Surname	Forename		
What is your relationsh	ip to the child? (e.g. motl	her/father/carer)		
Address (If different fro	om child's address)			
Postcode	Telei	phone No	_	
DETAILS OF RI				
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 baptism: (baptism certi				
	riest or religious leader			
	isters at the school who a	ire		
Is your child 'looked after' by the Local Authority, adopted or subject to a child arrangements order, having previously been 'looked after'? (Please circle		er,	NO	
your response)	•			
	xceptional medical, pastor cle. (Professional evidenc	ral or social needs that can only be will be required.)	be met by attendance at	
YES		NO		

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ficates (if applicable)
rotection Act 1998.
Date
Y/N
er dated
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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