



OUR LADY OF VICTORIES CATHOLIC PRIMARY SCHOOL

SUPPLEMENTARY INFORMATION FORM (SIF) Application Form for a place in Reception 2017 / 2018

Child's Surname	
Child's Forename/s	

Please tick to show which of the following papers are enclosed

- Copy of Baptismal Certificate (for Catholic applicant)
- Completed Priest's reference form (required for practising Catholic applicant)
- Proof of residence (original council tax bill)
- Please tick if you have enclosed any other supporting documents to show evidence of exceptional needs (optional)

If you are applying for a place in the Reception class for 2017 / 2018 please confirm that you have completed and sent the Common Application Form (CAF) back to the borough in which you live.

CAF completed and returned to my home borough.

THE CLOSING DATE FOR RECEIPT OF APPLICATIONS
FOR THE RECEPTION CLASS 2017/2018 IS 15th JANUARY 2017.

ALL APPLICATIONS MUST BE RECEIVED AT THE SCHOOL
NO LATER THAN 15th JANUARY 2017



SUPPLEMENTARY INFORMATION FORM (SIF)
Application Form for a place in Reception 2017 / 2018

Child's details

Child's Surname		Child's Forename	
Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth	
Home address			Postcode

Parent / Carer details

1 st Parent / Carer's name	
Address	
Telephone number	
Email address	
2 nd Parent / Carer's name	
Address	
Telephone number	
Email address	

Details of Religion

Religion of Child (tick one)	<input type="checkbox"/> Catholic <input type="checkbox"/> Other Christian denomination (e.g. Baptist): _____ <input type="checkbox"/> Other faith: _____
Catholic Parish you live in	
Church where child was baptised and date of baptism (baptism certificate required)	
Church currently attended	
Name and position of priest or religious leader supplying reference (where appropriate)*	

* Please note Parents can obtain a priest's reference form called **the Certificate of Catholic Practice** from the school or the school's website or from the diocese of Westminster website at www.rcdow.org.uk/education.

Applicants from other Christian denominations and other faiths may attach a reference from their minister or religious leader.

Name(s) of sibling(s) at this school who will still be in attendance in September 2017.	Name(s)	Class or Year Group
Is your child 'looked after' by the Local Authority, adopted having previously been 'looked after' or subject to a 'child arrangements' or special guardianship order? (Please circle your response)	YES	NO
Does your child have exceptional medical, pastoral or social needs that can only be met by attendance at this school? (Professional evidence will be required)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 which I have given prove to be inaccurate the governors may withdraw any offer of a place, even if the child has already started school.

Signed _____

Date _____