



St. Bernadette Catholic Junior School

Atkins Road, London SW12 OAB

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Headteacher Ms. D. Hogan

PLEASE NOTE THIS IS A SCHOOL SUPPLEMENTARY INFORMATION FORM AND MUST BE SUBMITTED TO THE SCHOOL **IN ADDITION TO THE COMMON APPLICATION FORM WHICH MUST BE SUBMITTED TO YOUR LOCAL EDUCATION AUTHORITY – THANK YOU*

SECTION 1 CHILD'S DETAILS PLEASE USE CAPITAL LETTERS	Tick	GIRL <input type="checkbox"/>	BOY <input type="checkbox"/>
Surname	First Name	Date of Birth	
Home Address		Post Code	
Does your child have a Statement of Special Educational Needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is your child in public care/looked after by a Local Authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, by which Local Authority			

SECTION 2 CONTACT DETAILS FOR PARENT OR CARER PLEASE USE CAPITAL LETTERS		
Mr/Mrs/Miss/Ms	Surname:	First Name
Address		Post Code
(if different from Section 1)		
Do you have parental responsibility for this child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Contact Telephone Number. Home	(Mother/Father/Carer) Work	
Mobile Telephone Number	E-Mail Address	
National Insurance No.		
Relationship to Pupil		

Date of Birth: Date of Baptism:
Church of Baptism:
Previous School: Tel No:

PRIEST'S REFERENCE

Religion Name of Church you currently attend

THE APPLICANT ATTENDS Holy Mass weekly/monthly/occasionally at this Church*

Signed

Parish

***Delete as applicable**

Notes for Parents/Guardians

This form must be completed in full and returned to the school with a copy of your child's birth and baptismal certificates. Application forms will not be accepted without these documents.

Date

Signed

For office use:

Date application received: Child eligible to start

Accompanying forms: Birth certificate:

Other Priest's reference:

Place offered: Appeal: Date