

Catholic Primary Schools in London Borough of Lewisham  
Supplementary Information Form  
 For entry to  
**RECEPTION Class 2017/2018**

Name of Child ..... known as ..... Male/Female

Family Name ..... Date of Birth / /20...

Parents'/Carers' Name/s (please print) .....

Mr/Mrs/Ms/Miss .....

Contact Number ..... Relationship .....

Mr/Mrs/Ms/Miss .....

Contact Number ..... Relationship .....

Home Address of Child .....

..... Postcode.....

Religion of Child ..... Date of Baptism / /

Father's Religion ..... Mother's Religion .....

Names of siblings who will be on roll in September **2015** at any of the schools you are applying for:

\_\_\_\_\_

Signed ..... Parent/Carer Date / /

*Please add here any other information you may feel is relevant to this application in relation to the school's admissions policy in respect of exceptional medical, social or pastoral needs of your family that make only this school suitable for them. Strong and relevant evidence must be provided by an appropriate professional authority (eg qualified medical practitioner, education welfare officer, social worker or priest).*

(The **original** of this form and your child's Baptismal Certificate must be taken to each primary school you choose to apply for so that they may be photocopied)

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**To be completed by Parish Priest**

**Family Name:** \_\_\_\_\_

**Child's name:** \_\_\_\_\_

This family is known to me  (please tick)

This family is new to the Parish  (please tick)

***If you are new to the Parish you should also obtain a reference from your previous Parish Priest and attach it to this form.***

They attend mass:      Every week

Three times each month

Twice each month

Once each month

Less than once a month

I cannot confirm they attend Mass

Signed ..... Name .....

Date ..... Tel No .....

Please add the Parish seal or stamp

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**If you are not a Catholic, please ask a Minister of Religion to complete the section below:**

**Family Name:** \_\_\_\_\_

**Child's name:** \_\_\_\_\_

This family is known to me  (please tick)      This family are members of our faith community  (please tick)

Name: \_\_\_\_\_ Position; \_\_\_\_\_

Name and address of church: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date; \_\_\_\_\_

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