St. Edmund's Catholic PrimarySchool



CRINCELC PRIMART SCHOOL

SUPPLEMENTARY INFORMATION FORM2017/2018

Please use Capital letters and Black ink

Child's Surname	
Child's Christian /Forenames	
Date ofbirth	
Denominationalstatus (E.g. Catholic,Anglican)	
Address Line 1	
Address Line 2	
Address Line 3	
Address Line 4	
Postcode	

This address must be where the child lives for 50% or more of the school week. The address of another relative or a temporary address is NOT acceptable. Any attempt to mislead the school may result in the withdrawal of an offer of a place. This is the address to which correspondence will be sent.

	1 st Parent/Guardian	2 nd Parent/Guardian
Title (Mr, Mrs,		
Miss, Ms, etc.)		
Surname		
Christian /		
Forename		
Telephone	(Home)	(Home)
	(Mobile)	(Mobile)
Email address		
Denominational status		
If attaching a non UK Baptismal Certificate, please name the Diocese & Parish:		

Is the child a "looked after" child or child who has been adopted (or made subject to child arrangements order or special guardianship orders) immediately following having been "looked after" ? If YES please provide supporting documentation.		
Are there are exceptional medical, social or pastoral needs that can most appropriately be met at St. Edmund's Catholic Primary school? If YES please provide supporting documentation from a doctor, social worker or priest.		

Will the child have any brother(s) or sister(s) at St Edmund's School at the date of this application ?	YES / NO
If YES, please give name(s) and Current class(es):	
Is either parent employed by the school and has been for two or more years prior to the date of this application ?	YES / NO

Is the child's Baptism Certificate or Certificate of Reception dated one year or more after the child's birth date due to		
the parent(s) Reception into the Catholic Church ?		
If YES please supply the parent(s) Certificate of Reception		

N.B. Only one parent is required to sign this form

I confirm that I have read and understood the Admissions Policy and that the information I have provided on this form 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 started school.

Signature of Parent or Guardian:	Date:	
-		

I confirm that I have submitted a Common Application Form to the Council to which I pay Council Tax.

Signature of Parent or Guardian: _____ Date: _____

Please return this form to reach the school as early as possible and no later than 15th January 2017.

If you wish your child to be eligible under Categories 2, 3 or 4 of the oversubscription criteria this form must be accompanied with your child's Baptismal certificate / Certificate of Reception and a completed Certificate of Catholic Practice.

The completion and return of this form to the School does <u>not guarantee the offer of a place to your child</u>.

IF YOU LIVE IN THE LONDON BOROUGH OF RICHMOND UPON THAMES THE ONLINE "CAF" CAN BE ACCESSED AT:

www.richmond.gov.uk/home/education_and_learning/schools_and_colleges/school_admissions/primary_school_admissions.htm

IF YOU LIVE IN THE LONDON BOROUGH OF HOUNSLOW THE ONLINE "CAF" CAN BE ACCESSED AT:

www.hounslow.gov.uk/index/education and learning/schools and colleges/admissions/primary schools admissions.htm

ALL documents for admissions can be obtained from the school office or from the school website at:

http://www.st-edmunds.richmond.sch.uk/admissions-school.html

	For office use only:
Date SIF received bySchool:	
Baptismal Certificate attached:	
Certificate of Catholic Practice attached:	
"Needs" Documentationattached:	
Parents Certificate of Reception attached:	
In-Year applications:-	
Which School Year is applied for:	
Proof of address supplied:	