Diocese of Westminster Catholic Primary Schools Supplementary Information Form 2025 – 2026



## Name and Address of School:

#### Child's Details

Child's surname:	
Child's first name:	
Home Address:	Date of Birth:
	Postcode:

### Parent/Carer Details

Parent's name:	
Address (if different from	
above):	
Telephone number: Email Address:	

# **Details of Religion**

Religion of child: (Please tick)	Catholic	Other Christian (name of denomination )	Other faith
Catholic Parish you I	ive in:		
Church where child was baptised and date of baptism: (baptism certificate required)			
Name and position of priest supplying Certificate of Catholic Practice (where appropriate)			

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 governors may withdraw any offer of a place even if the child has already started school.

Signed.....

Date.....

Please note:

- Where applicable parents can obtain a Certificate of Catholic Practice from the parish where they worship or from the Diocese of Westminster website.
- Applicants from other Christian denominations and other faiths may attach a letter from their minister or religious leader, confirming membership of that faith community.
- You **must** complete your local authority's application form online (or on paper) by the closing date. If you do not do this you will not be offered a place.

Does your child have a sibling already at the school	Yes/No
Name of child Clas	s

#### Checklist:

Have you enclosed:

Original Baptism certificate (where necessary)

Original Certificate of Catholic Practice (where

necessary)

Have you completed your local authority's online application form?