Diocese of Westminster Catholic Primary Schools Supplementary Information Form 2027 – 2028



Name and Address of School:						
Child's Details						
Child's surname:						
Child's first name:						
Home Address:		Date of Birth:				
				Postcode	<u>~·</u>	
				Posicodi	₹.	
Parent/Carer Details	6					
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 live in:					<u> </u>	
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	ol Yes/No						
Name of childCla	SS						
Checklist:							
Have you enclosed:							
Original Baptism certificate (where necessary)							
Original Certificate of Catholic Practice (where							
necessary)							
Have you completed your local authority's online appl	ication form?						