St. Joseph's Catholic Primary School

Ainsdale Road South Oxhey Watford Herts WD19 7DW Tel 020-8428-5371 Fax 020-8421-0568

Headteacher Mrs L Payne

SUPPLEMENTARY INFORMATION FORM FOR ADMISSION TO NURSERY 2021-2022

Child's surname and first name:			
Home Address (including postcode):	Date of Birth:		
Tionie Address (including postcode).	Date of Biltin.		
Is your child a twin, triplet, etc?	Yes/No (please tick)		
Will there be a sibling in the school in the academic year your child starts?	Yes/No (please tick)		
If Yes , please give names of brothers or sisters who will be at school at time of admission			
Parent/Carer Details			
Parent/Carer's name:			
Address:			
Telephone number:			
Email address:			
Other Contact details:			
Address:			
Telephone number:			
Email address			
Details of Religion			
If your child is Catholic, please complete the boxes below and	sign the form on the next page:		
Parish you live in:			
Church where child was baptised and date of baptism: (Baptism certificate and Certificate of Catholic Practice, which is available.)	able from the Parish Priest at		
the church normally attended or from the Diocese of Westminster website:			
http://rcdow.org.uk/att/files/education/admissions/certificate%20of%20cathshould be sent with this form.)	nolic%20practice.pdf		
Shows of Sont With this formy			
Church you currently attend:			

If your child is not a Catholic, please complete the appropriate box below and sign the form							
Other Christian (name of denomination e.g. Baptist) Name and address of Minister/Religious Leader Please see note below*		Other faith Name and address of Minister/Religious Leader Please see note below*		Other Children			
*In accordance with the Admissions Policy, the appropriate letter signed by your Minister/Religious leader should be sent to the school with this form.							
Does your child have exception	nal medical, pasto	oral or socia	l needs that can only	be met by attendan	ace at this school?		
Please circle. (Professional ev	lease circle. (Professional evidence will be required.) YES \Box NO \Box						
I confirm that I have read an correct. I understand that I is should any information I have if the child has already started	nust notify the s given prove to b	school imm	ediately if there is	any change to the	se details and that		
Signed	Date						
Please note:							
 February 2021]. If you where applicable, pare normally attended or the http://rcdow.org.uk/att/ Where applicable, pare which should be sent to Parent/carers are requedue date. If a SIF is information on the Scipriority. Completion of this formalism. 	nts/carers can obtate Diocese of Westiles/education/aconts/carers should the school with the sted to complete not completed, the the school's Application	tain a Certification a Certification a Certification a relation a relation a the School the Government Form only	icate of Catholic Pracebsite at: ertificate%20of%20 ference/letter signed Information Form ing Body will apply y, which will result	by their Minister/Ro (SIF) and return it to its admission arra	e.pdf eligious leader to the school by the engements using the		
Checklist:							
Have you completed?	• •	s Application form					
Have you enclosed?	Copy of Bapti Reference/lett	f Catholic Practice (where applicable) tism Certificate (where applicable) tter from Minister/Pastoral Leader (where applicable) exceptional need (where appropriate)					
Application received at School	Office						
I confirm that I have read an correct. I understand that I is should any information I have if the child has already started	nust notify the s given prove to b	school imm	ediately if there is	any change to the	se details and that		
Signed	igned			Date			
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