

# 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 2018-2019

|                                                                                                                                                                                                                                            |                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Child's surname and first name:                                                                                                                                                                                                            |                                                                |
| Home Address (including postcode):                                                                                                                                                                                                         | Date of Birth:                                                 |
| Is your child a twin, triplet, etc?<br><br><b>Will there be a sibling in the school in the academic year your child starts?</b><br><br>If <b>Yes</b> , please give names of brothers or sisters who will be at school at time of admission | <b>Yes/No</b> (please tick)<br><br><b>Yes/No</b> (please tick) |

### Parent/Carer Details

|                                                     |  |
|-----------------------------------------------------|--|
| 1 <sup>st</sup> Parent/Carer's name:                |  |
| Address:<br><br>Telephone number:<br>Email address: |  |
| 2 <sup>nd</sup> Parent/Carer's name:                |  |
| Address:<br><br>Telephone number:<br>Email address  |  |

### Details of Religion

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>If your child is Catholic, please complete the boxes below and sign the form on the next page:</b>                                                                                                                                                                                                                                                                                                                                                          |  |
| Parish you live in:                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Church where child was baptised and date of baptism:<br>( <b>Baptism certificate</b> and <b>Certificate of Catholic Practice</b> which is available from the school or from the Diocese of Westminster website<br><a href="http://rcdow.org.uk/att/files/education/admissions/certificate%20of%20catholic%20practice.pdf">http://rcdow.org.uk/att/files/education/admissions/certificate%20of%20catholic%20practice.pdf</a><br>should be sent with this form.) |  |
| Church you currently attend:                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |

*"Love and learn in the footsteps of Christ"*

| If your child is not a Catholic, please complete the appropriate box below and sign the form                                                                      |                                                                                        |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------|
| Other Christian<br>(name of denomination e.g. Baptist)<br>Name and address of Minister/Religious Leader<br>Please see note below*                                 | Other faith<br>Name and address of Minister/Religious Leader<br>Please see note below* | Other Children |
|                                                                                                                                                                   |                                                                                        |                |
| *In accordance with the Admissions Policy, the appropriate reference/letter signed by your Minister/Religious leader should be sent to the school with this form. |                                                                                        |                |

|                                                                                                                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Is your child 'looked after' by the Local Authority, adopted or subject to a child arrangement order or special guardianship order, having previously been 'looked after'? (Please circle your response) | YES      NO |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|

|                                                                                                                                                                                |                              |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Does your child have exceptional medical, pastoral or social needs that can only be met by attendance at this school? Please circle. (Professional evidence will be required.) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|

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

Signed.....

Date.....

Please note:

- You **must** complete the Local Authority's Common Application Form and return to the Council Offices by the closing date. If you do not do this you will not be offered a place.
- Where applicable, parents/carers can obtain a Certificate of Catholic Practice form from the school or the Diocese of Westminster website at:  
<http://rcdow.org.uk/att/files/education/admissions/certificate%20of%20catholic%20practice.pdf>
- Where applicable, parents/carers should obtain a reference/letter signed by their Minister/Religious leader which should be sent to the school with this form.
- Parent/carers are requested to complete the School Information Form (SIF) and return it to the school by the due date. If a SIF is not completed, the Governing Body will apply its admission arrangements using the information on the Hertfordshire Local Authority Common Application form only, which will result in an application being given a lower priority.
- Completion of this form does not guarantee the offer of a place in the Reception Class.

**Checklist:**

- |                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| Have you completed? | Local Authority's Application form                                |
| Have you enclosed?  | Certificate of Catholic Practice (where applicable)               |
|                     | Copy of Baptism Certificate (where applicable)                    |
|                     | Reference/letter from Minister/Pastoral Leader (where applicable) |
|                     | Evidence of exceptional need (where appropriate)                  |

**Application received at School Office \_\_\_\_\_**