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 SCHOOL 2018-2019

Child's surname and first name:			
Home Address (including postcode):	Date of Birth:		
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			
1 st Parent/Carer's name:			
Address:			
Telephone number:			
Email address:			
2 nd Parent/Carer's name:			
Address:			
Telephone number:			
Email address			
Details of Religion			
If your child is Catholic, please complete the boxes below and	sign the form on the r	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 from Diocese of Westminister website: http://rcdow.org.uk/att/files/education/admissions/certificate%20of%20cathshould be sent with this form.)			
200000000000000000000000000000000000000			
Church you currently attend:			

If your child is not a	Catholic, pleas	e complete the appr	opriate box belo	w and sign t	he form	
Other Christian (name of denomination e.g. Name and address of Minister/Re Please see note below	ligious Leader	Other faith Name and address of Minister/Religious Leader 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 adopted or subject to a child arra guardianship order, having previously circle your response)	ingement order o	or special	YES	NO		
Does your child have exceptiona	l medical, pasto	ral or social needs tha	at can only be me	et by attendan	ce at this school?	
Please circle. (Professional evidence)	-		•	NO □		
Please note: • You must complete the I closing date. If you do not	Local Authority				nncil Offices by the	
 Where applicable, parent Diocese of Westminster whttp://rcdow.org.uk/att/fil Where applicable, a copy Where applicable, parent which should be sent to the Parent/carers are request 	s/carers can obt website at: les/education/ad of the child's E s/carers should he school with t	ain a Certificate of Commissions/certificate% Baptism Certificate shobtain a reference/lethis form.	atholic Practice for 2006% 20 catholic nould be enclosed ter signed by the	c%20practice l. ir Minister/Re	<u>.pdf</u> eligious leader	
due date. If a SIF is no information on the Hert application being given a Completion of this form of	ot completed, to fordshire Local lower priority.	he Governing Body Authority Common	will apply its ac Application for	lmission arra m only, whic	ngements using the	
Checklist:						
Have you completed?	Local Authorit	ty's Application form				
Have you enclosed?	Copy of Bapti Reference/lette	Catholic Practice (wh sm Certificate er from Minister/Past sceptional need (when	oral Leader (whe	ere applicable)	
Application received at School C	Office					