

# ST. MARY'S CATHOLIC PRIMARY SCHOOL

East Row North Kensington London W10 5AW

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Executive Headteacher: Ms Geraldine Hampton

## Supplementary Information Form

Requested start date: September 2025

Year Group: Reception

### Child's Details

Child's Forename:	
Child's Surname:	
Date of Birth:	
Gender:	
Home Address:	
Postcode:	

### Parent(s)/Carer(s) Details

Parent(s)/Carer(s) name:		
Telephone number(s):		
Email (s):		
Relationship to child: <b>Circle as appropriate</b>	Mother/Father Other (please specify) _____	Mother/Father Other (please specify) _____

### Details of Religion

Religion of child: (Please indicate)	
Parish you live in:	
Church where child was baptised:	
Date of baptism, ( <b>Original copy</b> of baptism certificate to be returned with this form):	
Church you currently attend:	
Name of priest providing Certificate of Catholic Practice	

The school is committed to protecting the information provided by parents / carers and using it only for the purpose for which it was obtained. For information on the school's Privacy Notice please look on the school website or contact the school for a hard copy.

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

Signed.....

Date.....

<b>Checklist: Have you enclosed?</b>	
• <b>ORIGINAL COPY</b> of Birth Certificate	<input type="checkbox"/>
• <b>ORIGINAL COPY</b> of Certificate of Baptism ( <i>if applicable</i> )	<input type="checkbox"/>
• <b>Completed</b> Certificate of Catholic / Religious Practice ( <i>as applicable</i> )	<input type="checkbox"/>
• <b>COPY</b> proof of address (used for this application) e.g. current Council Tax, gas, electricity or water bill or bank statement ( <i>less than 3 months old</i> )	<input type="checkbox"/>
• <b>Completed</b> Free School Meal form	<input type="checkbox"/>

Please indicate how you heard about St. Charles Catholic Primary School:

- A friend
- Open day
- Other: \_\_\_\_\_
- Parish Newsletter
- Local Authority

**For office use:** Documents submitted by parents

- Copy of Birth Certificate
- Copy of Certificate of Baptism
- Certificate of Catholic Practice
- Certificate of Religious Practice
- FSM form
- Copy proof of address
- Other documents attached: -

Received by \_\_\_\_\_

Date: \_\_\_\_\_