ST. MARY'S CATHOLIC PRIMARY SCHOOL

East Row North Kensington London W10 5AW Telephone: 020 8969 0321 Fax: 020 8964 3122

E-mail: <u>info@st-marys.rbkc.sch.uk</u> Website: <u>www.st-marys.rbkc.sch.uk</u>

Head Teacher: Ms Ann Slavin

Child's Christian or other names:



Supplementary Information Form (SIF) 2022-2023

Child's Details

Child's surname:

Home Address:	Date of Birth:
	Postcode:
Parent/Carer Details	
Parent(s)/Carer('s) name:	
Address:	
Telephone number:	
Email address:	
Alternative contact details	
Alternative contact details (optional)	
Address:	
Telephone number:	
Email address:	

Details of Religion

Religion of child: (Please tick)	Catholic	Other Christian (name of denomination e.g. Baptist)	Other faith
Catholic Parish you li	ve in:		
Church where child date of baptism: (barequired)	•		
Church you currently	attend:		
Name and position of certificate of Catholic leader supplying letter membership: (where	c Practice or religious er confirming		

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

Please note:

- Parents can obtain a Certificate of Catholic Practice from the parish where the family normally worships.
- Applicants from other Christian denominations and other faiths may attach a letter confirming membership from their minister or religious leader.
- You **must** complete the Local Authority's Online Application Form by the closing date. If you do not do this your application cannot be considered.

Checklist:

Have you enclosed? Copy of baptism certificate

Certificate of Catholic Practice (where necessary)

Evidence of exceptional need (where appropriate)

Have you completed your local authority's Online Application form?