

**Diocese of Westminster  
 Holy Family Catholic Primary School  
 Supplementary Information Form (SIP)  
 2024 – 2025**



**Nursery**

<p><b>Holy Family Primary School                  Crookhams                  Welwyn Garden City                  AL7 1PG                  01707375518</b></p>
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**Child's Details**

Child's surname:	
Child's Christian or other first name:	
Home Address:	Date of Birth:
	Postcode:

**Parent/Carer Details**

Parent(s)/Carer(s) name:	
Address (if different from above):	
Telephone number:	
Alternative contact details: Name:	
Address: Telephone number:	

**Details of Religion**

Religion of child: (Please tick)	Catholic	Other Christian <small>(name of denomination e.g Methodist)</small>	Other faith
Catholic Parish you live in:			
Church where child was baptised and date of baptism: (baptism certificate required)			

Name and position of priest or religious leader supplying reference (where appropriate) :	
Name of brother or sister at this school who will still be on roll in September	Name:  Class:
Is your child 'looked after' by the local Authority, adopted having previously been 'looked after' or subject to child arrangements or special guardianship orders? (Please circle you 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.)	
<b>YES</b>	<b>NO</b>

**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.....

**Checklist:**

Have you enclosed?

- Copy of baptism certificate
- Certificate of catholic Practice (where necessary)
- Evidence of exceptional need/Pupil Premium (where appropriate)