



St Robert Southwell RC Primary School

**ST ROBERT SOUTHWELL SCHOOL, SLOUGH LANE, KINGSBURY, NW9 8YD
Tel: 020 8204 6148**

SUPPLEMENTARY INFORMATION FORM

To be completed in BLOCK LETTERS by the Parent/Guardian

Surname of Child:	First Name:
Home Address:	Date of Birth:
Postcode:	

Parent / Carer's Name	
Address:	
Telephone Number:	

Religion of Child (please tick)	Catholic	Other Christian	Other faith
Name of Parish of Residence:			
Date of Baptism:			
Place of Baptism:			
Name of Priest supplying reference:			
Name and date of birth of brothers and sisters who will be attending this School at the date of Admission:			



Does your child have exceptional medical, pastoral or social needs that can only be met by attendance at this School? <i>(You should attach a copy of all relevant professional evidence you have available in support of this exceptional need).</i>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

I confirm that I have read and understood the Admissions Policy and that the information that I have provided is correct. I understand that I must notify the School immediately if there are any changes to these details. Should any information that I have given prove to be inaccurate the Governors may withdraw any offer of a place even if the child has already started.

Signed.....

Date

To be considered as a practising Catholic applicant, this form must be completed and returned to St Robert Southwell School office by the published closing date. Please also enclose:

1. PROOF OF BAPTISM
2. The Priest's Reference Form Part B

THIS FORM MUST BE RETURNED TO THE SCHOOL