



# St Robert Southwell Catholic Primary School

Slough Lane, Kingsbury, London NW9 8YD

## Supplementary Information Form In Year Admission

### Child's Details

Child's First Name:	
Child's Surname:	
Child's Date of Birth:	
Address:	
Postcode:	

### Parent/Carer Details

Parent(s)/Carer(s) name:	
Address:	
Telephone Number:	
Email Address:	

### Details of Religion

Religion of child: (Please tick)	Catholic	Other Christian	Other faith
Catholic Parish you live in:			
Church where child was baptised and date of baptism: (baptism certificate required)			
Name of Priest or religious leader (plus denomination) supplying Certificate of Catholic Practice or other reference:			

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.)

**YES**

**NO**

**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 .....**