



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