Catholic Primary Schools in London Borough of Lewisham
Supplementary Information Form

for entry to

<u>NURSERY CLASS 2023/24</u>

Name of Child …………………………….. known as …………………….…...... Male/Female

Family Name ………………………………………………………. Date of Birth   /   /

Parents'/Carers' Name/s (please print) ……………………………………………………………

Mr/Mrs/Ms/Miss ……………………………………………………………………………………

Contact Number …………………………………………….. Relationship …………………..

Mr/Mrs/Ms/Miss ……………………………………………………………………………….....

Contact Number …………………………………………….. Relationship …………………..

Home Address of Child ……………………………………………………………………………

……………………………………………………………………… Postcode……………….

Religion of Child …………………………………………………. Date of Baptism   /   /

Names of siblings who will be on roll in September 2023 at St Winifred's Catholic Primary School:

_____   _____   _____ _____

Signed …………………………………………….. Parent/Carer   Date   /   /

Please attach any other information you may feel is relevant to this application in relation to a school's admissions policy in respect of "exceptional medical or social needs" You must support your claim with professional evidence. Some schools ask for a letter from a hospital consultant if you have a medical reason or a social worker if you have a social reason for your claim (or provide a letter from a professional of equivalent standing). The letter must clearly state why the particular school is the only school to meet the child's specific needs. The letter must be provided with the application and must be submitted by the closing date. If this documentation is not provided it will not be possible to consider any exceptional medical or social needs. Each case will be considered in accordance with the school's admission policy.

(The original of <u>this form</u> and your child's <u>Baptismal Certificate</u> must be taken to each primary school you choose to apply for so that they may be photocopied).

St Augustine's School

Holy Cross School

St Winifred's Infant School

Our Lady & St Philip Neri School

St Saviour's School

St Joseph's School

Good Shepherd School

St William of York School

St Mary Magdalene School

St Augustine's School

Holy Cross School

St Winifred's Infant School

To be completed by the Priest of the Parish in which you regularly worship

Family Name: _____   **Child's name:** _____

This family is known to me   ☐ (please tick)

This family is new to the Parish ☐ (please tick)

If you are new to the Parish you should also obtain a reference from your previous Parish Priest and attach it to this form.

They attend mass: Every week   ☐

Three times each month   ☐

Twice each month   ☐

Once each month   ☐

Less than once a month   ☐

I cannot confirm they attend Mass   ☐

Signed …………………………………………. Name ……………………………………………..

Date …………………………………………….... Tel No ………………………………………………

Please add the Parish seal or stamp

If you are not a Catholic, please ask a Minister of Religion to complete the section below:

Family Name: _____   **Child's name:** _____

This family is known to me ☐ (please tick)   This family are members of our faith community ☐ (please tick)

Name: _____   Position; _____

Name and address of church: _____
_____

Signature: _____   Date; _____

Our Lady & St Philip Neri School

St Saviour's School

St Joseph's School

Good Shepherd School   *St William of York School*   *St Mary Magdalene School*