

Holy Family Catholic Primary School
Supplementary Information Form

This Supplementary Information form should be completed by parents who are applying for a place for their child in our Reception Class in September, and who have submitted a Common Application Form to the Local Authority, or by parents wishing to obtain a place for their child in the middle of a school year.

Details of your child

First Name: Surname:
 Date of Birth: Gender: Male / Female
 Position in Family: Number of Siblings :
 Ethnic Origin: Childs religion:

Contact Details

House name or No:
 Street:
 Post Town:County:
 Post Code: Email:
 Mother contact number: Home: Work:
 Mobile:
 Father contact number: Home: Work:
 Mobile:

Other Information

Has your child received Baptism? Yes / No
 If 'Yes', you must provide a copy of your child's Baptism Certificate with this application
 Are there any exceptional social, medical or pastoral circumstances that mean that your child should specifically attend Holy Family?
 Yes / No
 If 'Yes', you must attach full details and provide supporting documentation.
 Have you already got a child at Holy Family School? Yes / No
 If 'Yes', please give details of their name(s) and class(es)

Declaration

I confirm that the information given on this form is true and correct. I understand that any false statements may result in the offer of a place being withdrawn. I understand and accept that the information given on this sheet remains confidential at all times, and is used in line with the Data Protection Act.

Signed: Date:
 Name : Relation to child:
 Signed: Date:
 Name: Relation to child: