St. Charles Catholic Primary School 83 St Charles Square, London, W10 6EB



Supplementary Information Form

Requested start date:	Year Group:
Child's Details	
<u> </u>	
Child's Forename:	
Child's Surname	
Date of Birth:	
Home Address:	
Postcode:	
Parent/Carer Details	
Parent(s)/Carer(s) name:	
Telephone number(s):	
Relationship to child:	
<u>Details of Religion</u>	
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Religion of child: (Please indicate)	
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Parish you live in:	
Church where child was baptised:	
	inata
Date of baptism, (copy of baptism certifito be returned with this form):	cate
Church you currently attend:	
Name of priest providing Certificate of	
Catholic Practice	

		Discount d'al
Nursery: I will commit to a full-time place, (i.e. 3	30 hrs. per week):	Please tick:
Class details of brothers and / or sisters at this school who will still be attending at date of admission:	Name(s):	Class/es:
Is your child 'looked after' by the Local Authority residency or special guardianship order, having Please circle.		Yes / No
Does your child have exceptional medical, pastoral or social needs that can only be met by attendance at this school? <i>Please circle</i> . (Professional evidence will be required.)		
The school is committed to protecting the informat ourpose for which is was obtained. For information website or contact the school for a hard copy. confirm that I have read and understood the provided is correct. I understand that I must not be considered to the provided in the correct.	on the school's Privacy Notice ple Admissions Policy and that the otify the school immediately if the	ease look on the sch he information I ha here is any change
hese details and that should any information I nay withdraw any offer of a place even if the chil		ate that the governo
Signed	Date	
lotes:		
 Parents can obtain a Certificate of Cathol Westminster website at https://education.of-Catholic-Practice.pdf 		
 Children attend nursery for 30 hours a wadditional 15 hours are charged at £50.0 Government voucher for those children wof 16 hours at the minimum wage (approrequire any further information about this, 	0 per week. This is either paid by whose parent(s)/carer(s) earn between sximately £120 per week) and £10	parents, or with a en the equivalent
Checklist: Have you enclosed?		
Copy of Certificate of Baptism (if applicable)	ole)	
Completed Certificate of Catholic / Religious Practice (as applicable)		
Copy proof of address (used for this application) eg. current Council Tax,		
gas, electricity or water bill or bank statement	(less than 3 months old)	
Evidence of exceptional need / Free School	pol Meal entitlement (as appropriate)
Please indicate how you heard about St. Charles Car	Parish NewsletterLocal Authority	
For office use: Documents submitted by parents Copy of Certificate of Baptism Certificate of Catholic Practice Certificate of Religious Practice	 FSM form Copy proof of address Other documents attact 	ned: -
Received by	Date:	