

St James the Great RC (Voluntary Aided) Primary & Nursery School

Windsor Road, Thornton Heath, Surrey CR7 8HJ

Tel: 020 8771 3424 Fax: 020 8771 0065

SUPPLEMENTARY INFORMATION FORM

If any of the information you provide on this form changes before you are notified of the outcome of your application, please inform the school's Admissions Secretary in writing immediately. If you fail to do so or if you provide information which is found to be deliberately inaccurate or misleading, the school reserves the right to withdraw any offer of a place.

There can be no guarantee of a place at this school for your child. You are strongly advised to register your child's name with at least one other school in order to keep your options open.

THIS FORM MUST BE RECEIVED AT SCHOOL BY THE DATE SPECIFIED

Mother's Name:

Religious Denomination:

Father's Name:

Religious Denomination:

Home Address (including Post Code):

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Contact Details:

Home Phone: **Mobile Phone:**

Email:

Please submit a copy of a recent utility bill, eg phone, gas, electricity bill, which confirms this address as your place of residence.

EXAMPLE ONLY Will be supplied directly from the school

Are you on the Electoral Roll at this address?

YES

NO

Child's Surname:

Christian Name/s:

Child's Chosen Name (if different from above):.....

Child's Date and Place of Baptism:.....

Name and Full Address of the Church the family normally attends:

.....
.....

Name of Parish Priest:.....

If you would prefer that we contact another Priest in the parish for a reference for your family, please give his name:

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How long have you been attending this Church?

If less than two years, please give details of previous parish of attendance, including the name of a priest from whom a reference may be sought. If you or your child were known by another name or resided at a different address whilst worshipping at this Church, please give details.

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If your Parish Priest has given you a letter of reference, please tick this box and ensure you include the reference when you return this form.

How often do you attend Mass?

Child	
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EXAMPLE ONLY Will be supplied directly from the school

Mother	
Father	

Please indicate the time of the Mass you normally attend:

Child	
Mother	
Father	

Please add any additional information about your child/family which you feel is relevant eg personal factors, medical, social or special needs as the Governors will consider these as supporting evidence when considering applications. If necessary, please continue on a separate sheet which should be securely attached to these pages. Where appropriate, supporting evidence eg letter from a social worker, health visitor, doctor etc, should be attached.

EXAMPLE ONLY Will be supplied directly from the school

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(Signature of Mother/person with parental
responsibility)

.....
(Signature of Father/person with parental
responsibility)

EXAMPLE ONLY Will be supplied directly from the school