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St Mary's Catholic Primary School
Duke Road, Chiswick, London W4 2DF
Telephone 020 8994 5606

**Supplementary Information Form (SIF)
2018-2019**

To be returned to the school by the published closing date

CANDIDATE (child)

Surname: _____ First name: _____

Date of Birth: _____

Address: _____
_____ Postcode: _____

APPLICANT (family/carer)

Mother's Name: _____ Mother's Religion: _____

Father's Name: _____ Father's Religion: _____

If applicable – Carer's Name: _____ Relationship to the child: _____

Address (if different from above): _____
_____ Postcode: _____

Email address for correspondence: _____

Telephone number: _____

SIBLINGS

Do you have other children of statutory school age who will still be attending St Mary's Catholic Primary School at the time the applicant would start school? If yes, give details below from eldest to youngest child:

Name	Age	Date of Birth	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RELIGIOUS AFFILIATION OF CANDIDATE AND FAMILY

Parish in which you live: _____

Parish in which you worship if different: _____

Name of Priest/Priests who will supply your Certificate of Catholic Practice (if applying under criterion A2, A3 or A4)

Date of Child’s Baptism: Day: _____ Month: _____ Year: _____

(Please refer to notes in the Admissions Arrangements regarding lateness of Baptism)

Church of Child’s Baptism: _____

(An original baptismal certificate must be produced to the school).

Is your child “looked after” by the Local Authority, adopted or subject to a child arrangements order or special guardianship order, having previously been “looked after”? (Please circle your response).

YES

NO

EXCEPTIONAL SOCIAL, MEDICAL OR PASTORAL CIRCUMSTANCES

Does your child have an exceptional social, medical or pastoral need to attend St Mary’s Catholic Primary School (as opposed to any other school)?

YES

NO

If yes, please attach supporting documentation which provides compelling professional evidence from an appropriate professional, such as a social worker, doctor or priest to this application. (All information will be treated in the strictest confidence.)

I certify that the information offered in this form is correct.

I also confirm I have read the School’s Admission Arrangements.

Signature: _____ Parent/Carer (please circle) Date : _____

CHECKLIST FOR ENCLOSURES

- Documentation if child is ‘Looked After’ or who has been adopted (or made subject to child arrangements orders or special guardianship orders) immediately following being looked after
- Candidate’s original Baptism certificate (if applicable)
- Certificate of Catholic Practice (if applicable)
- Other documentation, if claiming exceptional social, medical or pastoral circumstances, from an appropriate professional, such as a social worker, doctor or consultant

Documents checked at the school by:

Name:
Signature:
Date: