

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 about your child

First Name:

Surname:

Date of Birth:

Gender:

Male / Female

Contact Details

House Name or Number:

Street:

Post Town:

Postcode:

Email :

Other Information

Has your child received Baptism?

Yes / No

Are there any exceptional social, medical or pastoral circumstances that mean that your child should specifically attend Holy Family?

Yes / No

Have you already got a child at Holy Family School?

Yes / No

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 I understand that any false statements may result in the offer of a place being withdrawn.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: