



Catholic Primary Schools in Greenwich
Supplementary Information Form
In Year Admissions



Name of child: _____ known as: _____ Male/ Female

Family Name: _____ Date of Birth / /

Is the child Looked After? Y/N	Or	Previously Looked After? Y/N
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Parents/ Carers Name/s (please print): _____ Member of the UK Armed Forces? Y/N

Mr/ Mrs/ Ms/ Miss _____

Contact number: _____ Relationship _____

Mr/ Mrs/ Ms/ Miss _____

Contact number: _____ Relationship _____

Home Address of child: _____

Brother or sister currently attending _____ school

(Name School)

Name _____ year _____ Name: _____ year _____

Religion: _____ Date of Baptism: / /

I/We attend Mass: weekly ☐ fortnightly ☐ monthly ☐ occasionally ☐

Signed _____ Date / /
Parent/Carer

Address of Church Attended: _____

Post Code: _____

***Priests Reference:** Please note that the above sections need to be completed by the parents before this section is signed*

Parish Seal

I can / cannot agree with the statement above

Please Print Name: _____

Church: _____

Signed: _____

Date: / /

(The original of **this form** and your child's **Baptismal Certificate** must be taken to each primary school you choose to apply for so that they can be photocopied.)