Diocese of Westminster Catholic Primary Schools Supplementary Information Form



Nursery 2019 - 2020

Name and Address	of Sch	ool: St Joseph's Catho	olic Pr	imary Sc	hool, Great	
Hadham Road, Bish	op's S	tortford. Hertfordshire	CM23	3 2NL		
Child's Details						
Child's surname:						
Child's first name:						
Home Address:				Date of Birth:		
			Postcode:			
D						
Parent/Carer Details						
Parent's name:						
Address (if different from						
above):						
Telephone number:						
E mail:						
Details of Religion						
Religion of child: (Please tick)	Cathol	ic	Other Christian (name of denomination)		Other faith	
Catholic Parish you live	e in:					
Church where child was baptised and date of baptism: (baptism certificate required)						

Name and position of priest supplying Certificate of		
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Catholic Practice (where appropriate) Names of brothers or sisters at this school:	Name	Class or Year Group
- Names of profilers of sisters at this school.	Name	Class of Teal Gloup
Is your child 'looked after' by the Local Authority,		
adopted having previously been 'looked after' or		
subject to a 'child arrangements' or special	YES	NO
guardianship order? (Please circle)		
Does your child have exceptional medical, pastora	l or social need	ls that can only he
met by attendance at this school? Please circle. (F		_
		, ,
YES	NO	
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- Where applicable parents can obtain a Certificate of Catholic Practice from their Parish Priest.
- Applicants from other Christian denominations and other faiths may attach a letter from their minister or religious leader, confirming membership of that faith community.

Checklist:

Have you enclosed?:

Copy of birth certificate

Proof of address at time of application (e.g. utility bill)

Copy of baptism certificate (where necessary)

Certificate of Catholic Practice (where necessary)

Evidence of exceptional need (where necessary).