



St Vincent de Paul Catholic Primary School

Morpeth Terrace
London SW1P 1EP

Tel: 020 7641 5990 Fax: 020 7641 5901

www.svpcatholicprimary.org

Headteacher: Mr. N Scott Cree MA



SUPPLEMENTARY INFORMATION FORM

Please tick **ONE** of the following

I am applying for a Nursery place	
I am applying for a Reception class place	
I am applying for a Yr 1, 2, 3, 4, 5 or 6 place	

Child's Surname	
Child's First name(s)	
Home address & full postcode	
Date of Birth:	Age last Birthday:

Parent/Carer Details

Name Parent	
Address (if different to above):	
Telephone number:	

Details of Religion

Religion of child: (Please tick)	Catholic	Other Christian (name of denomination e.g Methodist)	Other faith
Catholic Parish you live in:			
Church where child was baptised and date of baptism: (baptism certificate required)			
Name and position of priest or religious leader supplying reference (where appropriate) :			

General Information					
Does your child have exceptional medical, pastoral or social needs that can only be met by attendance at this school? Please circle. (Professional evidence will be required.)					
YES	NO				
Names of brothers or sisters at this school who will be on roll in the September your child starts the Reception class:	<table border="1"> <thead> <tr> <th>Name</th> <th>Year Group</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Year Group		
Name	Year Group				
Does your child currently attend St Vincent de Paul Nursery	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	YES	NO		
YES	NO				
Is your child 'looked after' by the Local Authority, adopted having previously been 'looked after' or subject to a 'child arrangements' or special guardianship order? (Please circle)	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	YES	NO		
YES	NO				

I confirm that I have read and understood the Admissions Policy and that the information I have provided is correct. I understand that I must notify the school immediately if there is any change to these details and that should any information I have given prove to be inaccurate that the governors may withdraw any offer of a place even if the child has already started school.

Signed..... Date.....

Please note:

- Where applicable parents can obtain a Certificate of Catholic Practice from the school or from the Diocese of Westminster website: www.rcdow.org.uk/education
- Applicants from other Christian denominations and other faiths may attach a reference from their minister or religious leader.

Checklist:

Have you enclosed?

- | | |
|---|--------------------------|
| A copy of the child's Baptism certificate | <input type="checkbox"/> |
| Certificate of Catholic Practice (where applicable) | <input type="checkbox"/> |
| Proof of your child's age | <input type="checkbox"/> |
| Evidence of exceptional need (where appropriate) | <input type="checkbox"/> |

Reception Class Application Only

If you are applying for a place in the Reception Class, you must also complete your Local Authority's Common Application form (CAF) and return it to the Council offices by the closing date. If you do not do this you will not be offered a place.