

St Vincent de Paul Catholic Primary School

Morpeth Terrace London SW1P 1EP Tel: 020 3351 5990 www.svpcatholicprimary.org Headteacher: Mr. N Scott Cree MA



SUPPLEMENTARY INFORMATION FORM

Child's Surname:			
Child's First name(s):			
Home address & full postcode:			
_			
_			
Date of Birth:			
Year Group applying for:			
Parent/Carer Details			
Parent's name:			
Address (if different to above):			
Telephone number:			
Details of Religion			
_			
Religion of child (please tick):		7	
Catholic			
Other Christian Faith	Please specify:		
Other Faith	Please specify:		
Catholic Parish you live in:			
Church where child was baptised and date of			
baptism: (baptism certificate requ	iired)		
Name and position of priest or religious leader			
supplying reference (where appro	ppriate):		



General Information

	exceptional medical, pastoral or social ircle. (Professional evidence will be req		be met by attendance at	
	male. (Frotessional evidence will be req	•		
YES	YES		NO	
adopted having prev	after' by the Local Authority, riously been 'looked after' or rangements' or special guardianship)	YES	NO	
have provided is co	e read and understood the Admission errect. I understand that I must not se details and that should any inf e governors may withdraw any of ool.	fy the school immormation I have	ediately if there is given prove to be	
Signed		Date		
Please note:				
	rable, parents can obtain a Certificate of website: https://education.rcdow.org.			
	om other Christian denominations and or religious leader.	other faiths may atta	ach a reference from	
Checklist: Have you enclosed?				
•	A copy of the child's Baptism certificat	e		
	Certificate of Catholic Practice (where	applicable)		
	Proof of your child's age			
	Evidence of exceptional need (where	appropriate)	П	