



Diocese of Westminster



ST. JOSEPH'S CATHOLIC PRIMARY SCHOOL,
Royal Avenue, Waltham Cross, Hertfordshire, EN8 7EN

Headteacher: Mr A Gorton
admin@stjosephs351.herts.sch.uk
website:www.stjosephsherts.co.uk

Telephone: (01992) 629503

NURSERY SUPPLEMENTARY INFORMATION FORM 2018 – 2019

When completed, please return this form directly to the school at the address above.

Child's Details

Child's Surname:	Date of Birth:
Child's Christian or other first name:	NHS Number: -- / -- / --
	Gender:
Home Address:	Postcode:

Parent/Carer Details

Parent(s)/Carer(s) Name:	
Address:	
Telephone Number:	
Email address:	
Alternative contact details Name:	
Address:	
Telephone Number:	
Email address:	

Details of Religion

	Catholic	Other Christian Name of denomination e.g. Methodist	Other Faith	None
Religion of child: (Please tick)				
Catholic Parish you live in:				
Church where child was baptised and date of baptism: (Baptism Certificate required)				

Church you currently attend:					
Name and position of priest or religious leader supplying reference (where appropriate)					
Names of siblings at this school in attendance at the proposed date of admission:	<table border="1"> <thead> <tr> <th>Name</th> <th>Class/Year Group</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Class/Year Group		
Name	Class/Year Group				
Is your child 'looked after' by the Local Authority, adopted or subject to a residency or special guardianship order, having been 'looked after'? (Please circle)	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO		
YES	NO				
Does your child have exceptional medical, pastoral or social needs that can only be met by attendance at this school? Professional evidence will be required at the time of application. (Please circle)	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </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 the governors may withdraw any offer of a place even if the child has already started school.

Signature: _____ Date: _____
Parent/Guardian

Please note:

- Where applicable parents can obtain a Certificate of Catholic Practice from the Diocese of Westminster website at www.rcdow.org.uk/Education. Follow Guidance & Policy Documents, Admissions: Guidance notes and reference form for priests.
- Applicants from other Christian denominations and other faiths may attach a letter from their minister/faith leader.
- Please complete this form and return it to the school by **Friday 16th March 2018**. If you do not do this you will not be offered a place.

Checklist:

Have you enclosed?

Copy of Baptism Certificate
Certificate of Catholic Practice (where appropriate)
Proof of Residence (see Admissions Policy)
Evidence of Exceptional Need (where appropriate)

Office Use:

	Checked By	Date
Application Form Complete	_____	_____
Baptism Certificate	_____	_____
Certificate of Catholic Practice	_____	_____
Proof of Residence	_____	_____
Evidence of Exceptional Need	_____	_____