Diocese of Westminster Catholic Primary Schools Supplementary Information Form 2021-22

Name and Address of School:



ST DOMINIC'S CATHOLIC PRIMARY SCHOOL					
Child's Details					
Child's surname:					
Child's first name:					
Home Address:			Date of Birth:		
			Postcode:		
Parent/Carer Detail Parent's name: Address (if different above): Telephone number:	from				
Religion of child: (Please tick)	Catholic	Othe Chris (name denomi	tian of	Other faith	
Catholic Parish you	live in:				
Church where child baptism: (baptism c	was baptised and date of ertificate required)				
Name and position of Catholic Practice (wh	priest supplying Certificate of ere appropriate)				

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 governors may withdraw any offer of a place even if the child has already started school.

Signed	Date
Please note:	
 You must complete your local authority's applic do not do this you will not be offered a place. 	cation form online by the closing date. If you
Checklist:	
Have you enclosed?	
Copy of baptism certificate (where applicable)	
Evidence of exceptional need (where necessary).	
Have you completed the on-line Common Applicati	on Form (CAF)