

# ST JOSEPH'S ROMAN CATHOLIC PRIMARY SCHOOL

Goodson Road London NW10 9LS  
Telephone: 020 8965 5651 Fax: 020 8961 9022

## SUPPLEMENTARY INFORMATION FORM APPLICATION FOR ADMISSION

To be completed in BLOCK LETTERS by the Parent(s)/Guardian(s)

**\*Please delete as appropriate**

### Information about the Child

Surname:.....  First Name(s):.....  Date of Birth:..... *Male/Female <i>Proof of date of birth is required</i>  Place of Baptism:.....  Date of Baptism:..... <i>A copy of child's baptismal certificate is required</i>	Address:.....  .....  ..... Post Code:.....  Resident in Parish of:.....  <i>If you are applying as a practising Catholic a priest's reference form signed by your parish priest is required to support your application</i>
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### Information about the Child's Parent/Legal Guardian

<b>*Parent/Legal Guardian</b>  Full Name:.....  Address:.....  .....  ..... Post Code:.....  Telephone 1:.....  Telephone 2:.....	Is your child 'looked after' by the Local Authority, adopted or subject to a residency or special guardianship order, having previously been 'looked after'? Please circle your response.   <p style="text-align: center;"> <span style="margin-right: 100px;">YES</span> <span>NO</span> </p>
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### Details of sister(s)/brother(s) in this school at the date of admission

Full Name	Date of Birth	Current School Year

Are there any exceptional needs you would like the Governors to take into account when considering your application?  If yes please tick box <input type="checkbox"/>  Only documentation provided by professionals will be considered and any such documents should be attached to the application	I confirm that I have read, and understood, the Governors' Admissions Policy and the information I have given in this application is accurate:  Signed:.....*Parent/Guardian  Signed:.....*Parent/Guardian  Date:.....
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