



# Supplementary Information Form

Primary/Secondary School Transfer for Admission in September 2020

This form is also used for in-year admissions

St. John's Road, Isleworth, Middlesex TW7 6XF Tel: 020 8568 8692

This form should be returned by **Thursday 31<sup>st</sup> October 2019** to the address above for the attention of The Admissions Officer

**IMPORTANT: You also need to complete the e-admissions form, the COMMON APPLICATION FORM (CAF) for your Local Authority. This is available on the website of the local authority where the family lives.**

### CHILD'S DETAILS: Please use ink and BLOCK CAPITALS

Surname / Last Name

First Name

Date of Birth: Day   Month   Year

Home Address:   
  
 Post Code

### PARENT/CARER DETAILS:

Parent(s)/Carer(s) Name:

Address:   
(if different from above)   
 Post Code

Home Telephone Number:

Mobile Telephone Number:

Email Address:

**Alternative contact details:**  
Name:

Address:   
 Post Code

Home Telephone Number:

Mobile Telephone Number:

Email Address:

### DETAILS OF RELIGION:

Religion of child:  Catholic 

Parish you live in	<input type="text"/>
Parish you worship in	<input type="text"/>

(please tick)  Other Christian 

Name of denomination (e.g. Methodist)	<input type="text"/>
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Other Faith 

e.g. Hindu, Sikh	<input type="text"/>
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Other Applicants 

e.g. no religion	<input type="text"/>
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<b>Church where child was baptised and date of baptism</b> (Copy of Baptism Certificate required – do not send original)	Name and position of priest supplying <b>Certificate of Catholic Practice</b> (where applicable) or minister/religious leader supplying letter confirming membership of the faith community (where applicable).
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**Names of sisters (or brothers in Sixth Form) in this school:**

Surname / Last Name

First Name

Tutor Group

Is your child 'looked after' by the Local Authority, adopted or subject to a 'child arrangements' or special guardianship order having previously been 'looked after'? (Please tick)			<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Hounslow	<input type="checkbox"/> Ealing	<input type="checkbox"/> Upper Thames	Hammersmith & Fulham	
			<input type="checkbox"/> Kensington & Chelsea, North Kensington	

Name of Deanery where you live	<input type="checkbox"/> <b>Southwark Diocese</b>	<input type="checkbox"/> Deaneries of <b>Brent, Marylebone, Harrow &amp; Hillingdon</b>	<input type="checkbox"/> Other Deaneries
Please tick	<b>Mortlake Deanery</b> , (Richmond, Mortlake, Putney, Barnes)		
	<b>Kingston Deanery</b> (Kingston & Roehampton)		

**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 .....

PRINT NAME .....

Relationship to child .....

- Please note:
- Where applicable parents can obtain a Certificate of Catholic Practice from the parish which the family normally attends.
  - Applicants from other Christian denominations and other faiths may attach a letter from their minister or religious leader confirming membership of their faith community.
  - You **must** complete your local authority's Common Application Form by the closing date. **If you do not do this, you will not be offered a place.**

**Checklist:**

Have you enclosed? **COPY** of baptism certificate (where applicable)  
 Certificate of Catholic Practice (where applicable)  
 Letter from your minister or religious leader confirming membership of your faith community.

**Have you completed** your local authority's e-admissions form/Common Application form?

