Diocese of Westminster Catholic Primary Schools Supplementary InformationForm 2022-2023



Name and Addres ST. DOMINIC'S CA	s of School: ATHOLIC PRIMARY SCH	IOOL	
Child's Details			
Child's surname:			
Child's first name:			
Home Address: Date of		ate of Birth:	
		Postco	ode:
Parent/Carer Detail	s		
Parent's name: Address (if different above):	t from		
Telephone number	:		
Details of Religion Religion of child:	Catholic	Other	Other faith
(Please tick)		Christian (name of denomination)	
Catholic Parish you	live in:		
baptism: (baptism of	was baptised and date o certificate required)	II	
Name and position of Catholic Practice (f priest supplying Certificate where 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: \[\text{ You must complete your local authority's appled do not do this you will not be offered a place.}	ication 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 your local authority's online app	plication form ?			