## **Diocese of Westminster Catholic Primary Schools** In Year Supplementary Information Form



St. Alban & St. Stephen Catholic Primary School & Nursery

Cecil Road St Albans AL1 5EG				
Child's Details				
Child's surname:				
Child's first name:				
Date of Birth				
Current School				
Current Year Group				
	I			
Home Address:				
Postcode:				
Parent/Carer Details				
Parent's name:			_	
Address (if different from above):				
Telephone number:				
Details of Religion				
Religion of child: (Please tick)	Catholic	Other Christian (name of denomination)	Other faith	
Catholic Parish you li	ive in:		·	
·				
Church where child w				

required)

community

Name of priest providing Certificate of Catholic Practice or faith leader providing letter confirming membership of the faith

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.

Signe	ed Date
Pleas	se note:
•	The Certificate of Catholic Practice can be obtained from the priest at the parish where the family normally worships (not from the school) or from the diocesan website
•	Applicants from other Christian denominations and other faiths may attach a letter confirming membership, from their minister or religious leader.
Chec	klist
Have y	you enclosed:
1.	Copy of baptism certificate
2.	Certificate of Catholic Practice (where necessary)
the pu	chool is committed to protecting the information provided by parents/carers and using it only for rpose for which it was obtained. For information on the school's Privacy Notice please look on hool website under Privacy Notice or contact the school for a hard copy.