

Highgate Hill London N19 5NE T: 020 7272 1270 E: office@st-josephs.islington.sch.uk W:www.st-josephs.islington.sch.uk

Executive Headteacher Clare McFlynn Head of School Angela Noronha

## SUPPLEMENTARY INFORMATION FORM NURSERY APPLICATION

All parts of this form must be completed and returned to the school:

St. Joseph's Catholic Primary School, Highgate Hill, Islington, London N19 5NE (please return the form to this address)								
Child's Details								
Child's first name	:							
Child's surname:								
Home Address:		Date of Birth:						
Pos				code:				
Parent/Carer Deta	ails							
Parent(s)/Carer(s) name:								
Address (if different from above):								
Telephone number:								
Email Address:								
Details of Religion								
Religion of child: (Please tick)	Catholic	Other Christian (name of denomination e.g Methodist)		Other faith				
Catholic Parish you live in:								
Church where child was baptised and date of baptism: (baptism certificate required)								
Name and position of priest supplying Certificate of Catholic Practice or religious leader providing letter confirming membership of the faith community (where appropriate)								
Names of siblings at this school who will still be in attendance in September 2019:				Name Class or Year Group				

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 my child has already started school.

Date......

Signed......

<ul> <li>Please note:</li> <li>Where applicable parents can obtain a Certificate of Catholic Practice from your Parish Priest</li> <li>Applicants from other Christian denominations and other faiths may attach either a certificate of baptism or letter confirming membership of the parish /faith community.</li> <li>For reception places you must complete your local authority's E-Admissions Application Form and return it to the council offices by the closing date. If you do not do this you will not be offered a place.</li> <li>An offer of a school place for a child does not guarantee a place for younger brothers and sisters.</li> </ul>									
Checklist:									
We require sight of the original:  Have you completed your local auth	<ul> <li>Certii signe</li> <li>Evide</li> <li>Proof applie stater</li> <li>stater</li> <li>Full b</li> </ul>	sm certificate (where necesticate of Catholic Practice d within 6 months) ance of exceptional need (victorial for parent & chations. (Council tax bill, rement, GP letter, Child benefication or utility bill) airth certificate when your Admissions Application.	where where nild for ental agental age	appropriate) appropriate) all Nursery & In-Year greement, mortgage tement, Bank					
Office Use									
Application Form complete Original Baptismal Certificate Certificate of Catholic Practice Proof of Address (Nursery & In-year application	ns)	Seen by		Date					

The school is committed to protecting the information provided by parents/carers and using it only for the purpose for which it was obtained. For information on the school's Privacy Notice please look on the school website under Privacy Notice or contact the school for a hard copy.