

# Diocese of Westminster Catholic Primary Schools



## 2024/25 Reception Supplementary Information Form

**St Augustine's Catholic Primary School**

Riversmead, Hoddesdon, Herts. EN11 8DP

admin@staugustines.herts.sch.uk



Child's First Name:		Middle Name:		Family Name:	
Date of Birth:		Male / Female	Home Address:		
<u>Mother/Father Details (1)</u>					
Title:	Forename:	Family Name	Mobile Number:	Email Address:	
<u>Mother/Father Details (2)</u>					
Title:	Forename:	Family Name	Mobile Number:	Email Address:	
Home Address of Parent if different to Child: <i>Please specify which Parent lives at this address</i>					
Child's permanent address at time of application if different to Home Address:					
Religion of Child:		Place of Baptism: (Baptism Certificate required)		Date of Baptism:	
Will your child have a sibling at the school who will still be on roll at date of admission? <i>If Yes, please state Sibling's Name(s) &amp; Year Group(s):</i>					
Name and Address of current/or previously attended, Nursery or early year setting:					
Is your child 'looked after' by the Local Authority, adopted or subject to a residency or special guardianship order, or having previously been 'looked after'? <i>(Please circle your response).</i>					YES / NO
Does your child have exceptional medical, pastoral or social needs that can only be met by attendance at this school? <i>(Written professional evidence will be required with your application).</i>					YES / NO
Does your child have an Educational Health and Care Plan (EHCP)?					YES / NO
Is your child, the child of a member of the qualified teaching staff with 2 or more years' service? <i>(Please circle your response).</i>					YES / NO

**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.**

Parent Signature: .....

Date: .....

- 2024/25 Reception applications must be submitted in the first instance, online or in paper form to your local authority by the **closing date of 15<sup>th</sup> January 2024**. If you do not do this, you will not be offered a place.
- This supplementary information form should be completed and returned to the School at your earliest convenience.
- Applicants from other Christian denominations and other faiths may attach a letter of support from their minister or religious leader.

**After carefully reading the Admissions Criteria please specify in the box provided, under which single criterion you wish your child to be considered**

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**Parent Checklist:**

Completed and submitted application for Reception on my local authority website for Admissions 2024/25. (Applications open on 1<sup>st</sup> November 2023).

Completed School SIF and submitted to St Augustine's Catholic Primary School at the address overleaf or sent via email to [admin@staugustines.herts.sch.uk](mailto:admin@staugustines.herts.sch.uk)

Supporting document(s) attached with the application form i.e. Copy of Baptism Certificate, evidence of exceptional need (if appropriate).

Completed forms to be submitted by **15<sup>th</sup> January 2024**.