

Diocese of Westminster Catholic Primary Schools Supplementary Information Form In-Year Admission 2024/25



Name of School: St Augustine's Catholic Primary School School Address: Riversmead, Hoddesdon, Herts EN11 8DP

| Child's Details | | |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Child's surname: | | |
| Child's first name(s): | | |
| Date of Birth: | | |
| Home Address: | | |
| Mobile Number: | | |
| Parent/Guardian Details | | |
| Full Name of Parent/Guardia | n: | |
| Alternative contact name: | | |
| Name of sibling(s) already attending this School & will be on roll at date of admission | | |
| Details of Religion (If Applica | ble) | |
| Religion of Child: | | |
| Place of Baptism: (Copy of Certificate attached |]]) | |
| Date of Baptism: | | |
| provided is correct. I underst these details and that should may withdraw any offer of a p | nd understood the Admissions Policy tand that I must notify the school imn any information I have given prove to place even if the child has already start tions Criteria please specify in the box | nediately if there is any change to be inaccurate that the governors |
| | rion you wish your child to be considered | |
| Print Name: | | Sign: |
| | | |

Checklist (where applicable):

Copy of baptism certificate attached

Evidence of exceptional need

Letter confirming membership from your minister or religious leader attached (other Christian denomination) Completed your local authority's online Application Form by the closing date. (If you do not do this you will not be offered a place).