



St. Aidan's Catholic Primary School  
Portnalls Road, Coulsdon, Surrey, CR5 3DE.  
Tel: 01737 556036  
Email: admin@st-aidans.croydon.sch.uk

**SUPPLEMENTARY INFORMATION FORM**

**TO BE RETURNED TO ST. AIDAN'S SCHOOL**

CHILD'S SURNAME: .....

CHRISTIAN NAME: .....

Chosen Name (if different from above): .....

Date of Birth: ..... Date of Baptism (if baptised) : .....

Current sibling at St. Aidan's School ..... (name of sibling)

If any of the information you provide on this form changes before you are notified of the outcome of your application, please inform the school's admissions secretary in writing immediately. If you fail to do so or if you provide information which is found to be deliberately inaccurate or misleading, the school reserves the right to withdraw the offer of a place.

Forms received after the closing date may result in governors being unable to apply their over subscription criteria and could result in your application being considered under any other children category.

Mother's Name: .....

Religious Denomination: .....

Father's Name: .....

Religious Denomination: .....

Home Address (including Post Code): .....

.....

Contact Details:

Home Phone: ..... Mobile Phone: .....

Email: .....

As evidence, we will need to see your child’s Baptismal Certificates (originals) and an original recent utility bill, e.g. phone, gas, electricity bill, which confirms this address as your place of residence.

**Comments from Priest**

	YES	NO
I know the prospective pupil	<input type="checkbox"/>	<input type="checkbox"/>
I know the prospective parents/carers	<input type="checkbox"/>	<input type="checkbox"/>

**I can confirm that the prospective pupil attends Mass**

Regularly                       1 / 2 times per month                       Less than this

**I can confirm that the parent(s) of the prospective pupil attends Mass**

Regularly                       1 / 2 times per month                       Less than this

**I can confirm that this has been the pattern of family Mass attendance for**

..... years

Recent months

Priest’s signature ..... Parish .....

Priest’s Name ..... Tel: .....

Date .....

Parish stamp or seal:

If there are exceptional medical, social or pastoral needs that make only this school suitable for your child, strong and relevant evidence must be provided by an appropriate professional authority (e.g. qualified medical practitioner, education welfare officer, social worker or priest).

Please give details of last school attended (if applicable) .....

Name of Head Teacher: .....

Telephone Number of school: .....

SIGNATURE OF PARENT .....                      DATE .....

*GDPR statement – personal data entered on this form may be held on computer files for a period of 7 years*

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**FOR OFFICE USE ONLY:**

Date of Baptism verified .....

Date of Receipt ..... Received by .....