

Catholic Primary Schools in Greenwich Supplementary Information Form Reception Class 2020/2021

Please complete Section 1 in CAPITAL LETTERS before asking your Priest to sign the reference section below

Section 1 Name of child:	الم مسم مع		Male/ Famala
Name of child:	Known as:		
Family Name:		Date of Birth	amily
Is the child Looked After? Y/N	Or	Previously Looked Af	ter? Y/N
Parents/ Carers Name/s (please print) Mr/ Mrs/ Ms/ Miss		Member of UK Arme	d Forges? Y/N
Contact number:		Relationship	<u>o</u>
Mr/ Mrs/ Ms/ Miss			Lady
Contact number:		Relationship	of Grace
Home Address of child:			ce \$t Jdseph
Brother or sister currently attending			ν y school y y y
Religion:			S
I/We attend Mass: weekly fo	rtnightly	monthly occas	sionally
Signed Parent/Carer Address of Church Attended:			Dateer's S
		Post Code:	* T
<u>Priests Reference:</u> Please note that the before this section is signed	above sections	s need to be completed b	y the ∌arents
Parish Seal	I can / can	not agree with the sta [.]	teme ন্ধ above
	Please Print	Name:	<u>+</u>
	Church:		Thom
	Signed:		Thomas More//
		Do	116. m/ /