

St Mary's Catholic Primary School Supplementary Form RECEPTION 2020/2021

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

Name of child:	known as:			.Male/ F	Female
Family Name:		Date of Birth	/	/	
Is the Child Looked After? Y/N	Or	Previously Lool	ked Af	ter? Y/	'N
Parents/ Carers Name/s (please print Mr/ Mrs/ Ms/ Miss		Member of UK	. Arme	d Force:	s? Y/N
Contact number:			·		
Mr/ Mrs/ Ms/ Miss					
Contact number:			·		
Home Address of child:					-
Brother or sister currently attending	(Name School)				school
Nameyear	•	:		ye	ear
Religion:		Date	of Bap	otism:	/ /
I/We attend Mass: weekly for	ortnightly [monthly	occa	sionally	
Signed				Date	/ /
Parent/Carer Address of Church Attended:					
Address of Charch Affended:		Post Code:			
Priests Reference: Please note that	t the <u>above se</u>		•		
Parish Seal		bef	ore thi	's section	is signea
	I can /	cannot agree wit	h the	stateme	nt above
	Please Pr	int Name:			
	Church: _				
	Signe	d:			
			Do	ate: /	/

If your child is due to start Reception in September 2020, please submit this completed form, with your child's **baptism cert and a proof of your address** (preferably a utility bill) to the Main Office on or before **January 2020**. You must also complete a Royal Greenwich Common Application Form before **January 2020**.