



St Chad's Catholic Primary School
Alverston Gardens
South Norwood
SE25 6LR
Tel: 020 8771 3470



SUPPLEMENTARY INFORMATION FORM

Child's Surname:	Christian Name(s):
Name child is known by:	Male/Female
Date of Birth:	
Child's Address:	
Post Code:	

Full Name of Parent/Carer 1:	Mr/Mrs/Ms/Miss
Telephone No:	
Email Address:	
Full Name of Parent/Carer 2:	Mr/Mrs/Ms/Miss
Telephone No:	
Email Address:	

Siblings on roll at St Chad's at time of admission:

Name:	Date of Birth	Year Group:
1		
2		
3		
4		

Applications for children of other faiths, churches and denominations: evidence of Baptism, or membership via letter of support from your faith leader is required. Please consult the Admissions Policy.

For all applicants: please sign declaration overleaf.

Information supplied may be used for registered purposes under the terms of the Data Protection Act 1984

P.T.O.

Applications for Catholic children: <i>(Photocopy of your child's Baptism Certificate must be attached).</i>	
Date of Baptism:	
Church of Baptism:	
Address:	

**The application should be supported by the Parish Priest's signature and stamp.
Please ask your Parish Priest to sign/stamp the box below**

Current Parish Name & Address:	
Name of Parish Priest: (Print)	Parish Stamp or Seal:
Signature of Parish Priest:	
Date:	

Application Declaration (to be signed by parent/carer)	
Please note, for a valid application, the Common Application Form (CAF) must be returned online to Croydon Local Authority.	
I have completed and returned the Local Authority Common Application Form (CAF) to Croydon Local Authority showing St Chad's Catholic Primary School as one of my preferred schools	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Parent/Carer (Print):	
Signature of Parent/Carer:	Date: