Diocese of Westminster Catholic Primary Schools Supplementary Information Form 2024 – 2025



Name and Address	of Sch	ool:			
ST JOSEPH'S CATH	IOLIC F	RIMARY SC	HOOL		
LANARK ROAD, LOI	NDON,	W9 1DF			
Child's Details					
Child's surname:					
Child's first name:					
Home Address:			Date of Birth:		
			Postc	ode:	
Parent/Carer Details					
Parent's name:					
Address					
(if different from above	/e):				
Telephone number:					
Email address:					
Details of Religion					
Religion of child: (Please tick)	Catholic			Other Christian (name of denomination)	Other faith
Catholic Parish you li	ive in:				
Church where child v baptism: (baptism ce			te of		
Name and position of p			cate of		

I confirm that I have read and understood the Admissions Policy and that the information I have provided is correct. I understand that I must notify the school immediately if there is any change to these details and that should any information I have given prove to be inaccurate that governors may withdraw any offer of a place even if the child has already started school.

Signed	Date	
Please note:		
 Where applicable parents can obtain a Certific where they worship or from the Diocese of We 		rish
 Applicants from other Christian denominations certificate of baptism or a letter from their min membership of that faith community. 		ì
 You must complete your local authority's app closing date. If you do not do this you will not 	` · · · · ·	the
Checklist:		
Have you provided:	Please tick	
Copy of baptism certificate (where necessary)		
Certificate of Catholic Practice (where necessary)		

Evidence of exceptional need (where necessary).

Have a sibling attending the school now

The school is committed to protecting the information provided by parents/carers and using it only for the purpose for which it was obtained. For information on the school's Privacy Notice please see below or look on the school website under Privacy Notice.

