

Diocese of Westminster

Catholic Schools

In-year Application Supplementary Information Form

2023 – 2024



Name and Address of School: Federation of St Mary's Priory Catholic Schools Hermitage Road, N15 5RE Nursery: a.m. p.m. Full time Infant School Junior School

Child's Details

Child's surname:	
Child's Christian or other first name:	
Home Address:	Date of Birth:
	Postcode:

Parent/Carer Details

Parent(s)/Carer(s) name:	
Address (if different from above):	
Telephone number:	
Alternative contact details:	
Name:	
Address:	
Telephone number:	
Email address:	

Details of Religion

Religion of child: (Please tick)	Catholic	Other Christian (name of denomination e.g Methodist)	Other faith
-------------------------------------	----------	--	-------------

ST MARY'S PRIORY CATHOLIC INFANT SCHOOL

Hermitage Road, Tottenham, London N15 3HD

Tel No: 020 8800 9305

email: admin@stmarysrcpriory.haringey.sch.uk

Headteacher: Mrs Jane Ronan

Thank you for requesting a Supplementary Information Form (SIF) for a place at our school.

When returning the completed Supplementary Information Form (SIF) to the school office, please tick to indicate that you have enclosed all the following documentation:

1. Original Baptism Certificate,
2. Applicants from other faiths should attach a letter from their minister or religious leader confirming membership of their faith community.
3. Have you enclosed evidence of exceptional need, if applicable?
4. Have you completed your local authority's online application form?

Please note: The address on the Supplementary Information Form for the child must be the address at which the child normally lives. An address of a relative or a temporary address will not be accepted.

Signature: _____ Date: _____

Print Name: _____

FOR ST. MARY'S SCHOOL OFFICE USE ONLY

Date received at St Mary's School: _____ Signed: _____

Documentation checked: YES / NO _____ Complete: YES / NO _____

Outstanding documentation: YES / NO _____ Receipt copied to parent: YES / NO

Date notified LA of this request (within two school days of request)

Date _____ By whom? _____

Notification of outcome to:

a) The LA (within two school days)

Date: _____ By whom? _____

b) Applicant's Parents/Guardians of the outcome of the application (within 10 school days):

Date: _____ By whom? _____