



St. Bernadette Catholic Junior School

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Headteacher Ms. D. Hogan

*THIS SCHOOL SUPPLEMENTARY INFORMATION FORM IS FOR ALL APPLICANTS AND MUST BE RETURNED TO THE SCHOOL. *PLEASE NOTE FOR YEAR 3 SEPTEMBER ADMISSIONS ONLY YOU MUST ALSO COMPLETE A COMMON APPLICATION FORM, FROM YOUR LOCAL EDUCATION AUTHORITY, WHICH YOU MUST SUBMIT TO THEM BY THEIR SUBMISSION DATE. THANK YOU.*

SECTION 1 <u>CHILD'S</u> DETAILS PLEASE USE CAPITAL LETTERS	Tick	GIRL <input type="checkbox"/>	BOY <input type="checkbox"/>
Surname First Name Date of Birth			
Country of Birth.....Nationality.....			
Home Address Post Code			
Does your child have a Statement of Special Educational Needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is your child in public care/looked after by a Local Authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, by which Local Authority			

SECTION 2 CONTACT DETAILS FOR <u>PARENT OR CARER</u> PLEASE USE CAPITAL LETTERS		
Mr/Mrs/Miss/Ms Surname: First Name		
Address Post Code		
(if different from Section 1)		
Do you have parental responsibility for this child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Contact Telephone Number. Home (Mother/Father/Carer) Work		
Mobile Telephone Number E-Mail Address		
Relationship to Pupil		

Date of Birth: Date of Baptism:
Church of Baptism:
Previous School: Tel No:

PRIEST'S REFERENCE
Religion Name of Church you currently attend
THE APPLICANT ATTENDS Holy Mass weekly/monthly/occasionally at this Church*
Signed
Parish
***Delete as applicable**

Notes for Parents/Guardians
This form must be completed in full and returned to the school with a copy of your child's baptismal certificate.
Date
Signed

For office use:
Date application received: Child eligible to start
Accompanying docs:
Other Priest's reference:
Place offered: Appeal: Date