YEAR 7 SUPPLEMENTARY INFORMATION FORM (SIF) ADMISSION IN SEPTEMBER 2026

YOUR CHILD'S LAST NAME	CAPITAL LETTERS PLEASE	
THEIR FIRST NAME(S)		
THEIR DATE OF BIRTH	XX/XX/XX	
YOUR REFERENCE NUMBER	FROM YOUR BOROUGH'S E-ADMISSIONS FORM E.G. 213-2024-09-E-032555	



THIS FORM MUST BE COMPLETED BY THE PARENT/CARER AND RETURNED TO THE SCHOOL BY 31st OCTOBER 2025
PLEASE READ OUR <u>ADMISSION ARRANGEMENTS</u> BEFORE YOU COMPLETE THE FORM

YOUR BOROUGH'S E-ADMISSIONS FORM MUST BE RETURNED TO THE BOROUGH BY 31 OCTOBER 2025

We are committed to protecting the information provided by parents/carers and using it only for the purpose for which it was obtained (Our Privacy Notices).

YOUR CHILD'S HOME ADDRESS 1				
2				
3				
POSTCODE				
NAME OF PARENT OR CARER	FIRST AND LAST NAME			
PARENT/CARER PHONE NUMBER				
PARENT/CARER EMAIL ADDRESS WE WILL USE THIS TO CONTACT YOU	CAPITALS LETTERS PLEASE			
IS YOUR CHILD CURRENTLY IN PUB	LIC CARE (A LOOKED AFTER CHILD)?	NO	YES	
If YES, attach a letter from the child's social worker confirming legal status.				
WAS YOUR CHILD PREVIOUSLY IN PUBLIC CARE (A LOOKED AFTER CHILD) IN ENGLAND OR IN STATE CARE OUTSIDE ENGLAND BUT CEASED TO BE SO BECAUSE S/HE WAS ADOPTED OR MADE SUBJECT TO A CHILD ARRANGEMENTS OR SPECIAL GUARDIANSHIP ORDER?		NO	YES	
If YES, attach a copy of a letter from a social worker and/or the adoption/child arrangements/special guardianship order to this form				
IS YOUR CHILD CATHOLIC?		NO	YES	
If YES, attach a COPY of your child's Catholic baptism or reception certificate to this form				
IS YOUR CHILD A CATECHUMEN CHRISTIAN CHURCH?	OR A MEMBER OF AN EASTERN	NO	YES	
If YES, attach a certificate of reception into the order of catechumens or a certificate of baptism or reception from the authorities of the Eastern Christian Church to this form				
IS YOUR CHILD OF ANOTHER CHRIS	TIAN DENOMINATION?	NO	YES	

If YES, please provide either a certificate of baptism or a letter from their priest or minister in the community they worship confirming that they are members of their faith				
DOES YOUR CHILD HAVE AN EXCEPTIONAL SOCIAL, MEDICAL OR PASTORAL NEED WHICH CAN ONLY BE MET AT THIS SCHOOL?	NO	YES		
If YES, attach supporting evidence from an appropriate professional to this form				
DOES YOUR CHILD HAVE A BROTHER OR SISTER ON ROLL AT THIS SCHOOL?	NO	YES		
THEIR FULL NAME AND YEAR GROUP OR DATE OF ENTRY				
IS YOUR CHILD ATTENDING A FEEDER PRIMARY SCHOOL: Our Lady of Victories Catholic Primary School SW7 5AQ, St Augustine's Catholic Primary School W6 8QE, St John XXIII Catholic Primary School W12 7QT, St Joseph's Catholic Primary School SW3 2QT, St Joseph's Catholic Primary School W9 1DF, St Thomas of Canterbury Catholic Primary School SW6 7HB?		YES		
SCHOOL NAME				
IS YOUR CHILD THE CHILD OF A MEMBER OF THE SCHOOL'S STAFF?		YES		
THEIR FULL NAME				
ARE YOU APPLYING FOR YOUR CHILD TO BE EDUCATED OUTSIDE THEIR NORMAL AGE GROUP?		YES		
If YES, attach supporting evidence from the current school to this form				
Make sure you attach the right documents so we can process your applic	ation correc	etly		
SignedParent/Carer	Date			