

## St. Thomas More Catholic Primary School

South Road, Saffron Walden, Essex. CB11 3DW

Email: <u>admin@stmsw.co.uk</u> HEADTEACHER: Mrs. M.J. Hall M.Phil Telephone: 01799 523248

## **ADMISSION - SUPPLEMENTARY INFORMATION FORM**

Kindly complete section one of this form and return to school at the above address.

| SECTION ONE   |      |  |
|---|------|--|
| We wish to apply for a place under criteria               |      |  |
|   |      |  |
| Christian Name or Forename of Child                       |      |  |
|   |      |  |
| Surname of Child  |      |  |
|   |      |  |
| Date of Birth   |      |  |
|   |      |  |
|   |      |  |
| Address of Child  |      |  |
|   |      |  |
|   |      |  |
|   |      |  |
|   |      |  |
| Date and Place of Baptism                                 |      |  |
| Please enclose a copy of Child's<br>Baptismal Certificate |      |  |
| Baptismai Gertinicate                                     |      |  |
| Dravious Cahael (if applicable)                           |      |  |
| Previous School (if applicable)                           |      |  |
|   |      |  |
|   |      |  |
| Parents Names   |      |  |
|   |      |  |
|   |      |  |
|   |      |  |
| Address if different from above                           |      |  |
|   |      |  |
|   |      |  |
|   |      |  |
|   |      |  |
| Telephone number and Mobile number                        |      |  |
|   |      |  |
|   |      |  |
| Email address   |      |  |
|   |      |  |
| Signed  | Data |  |

Please contact your parish priest and ask for a letter of support to confirm practice.