**Supplementary Information Form (SIF)**

**Section 1 – Pupil Details**

|  |
| --- |
| Pupil surname |
| First name (s) |
| Date of birth | Male | Female |
| If the child is known by another name please add it here |
| Home Address |
| Postcode |

**Section 2 – Parent/Carer details 1**

|  |  |  |
| --- | --- | --- |
| Mr / Mrs / Miss / Ms | Initials | Surname |
| Relationship to child | Email address |
| Home phone no. | Mobile phone no. |

  **Parent/Carer details 2**

|  |  |  |
| --- | --- | --- |
| Mr / Mrs / Miss / Ms | Initials | Surname |
| Relationship to child | Email address |
| Home phone no. | Mobile phone no. |

**Section 3 – Religion**

|  |
| --- |
| Date of Baptism |
| Place of Baptism |
| Baptism Certificate enclosed | Yes | No |
| Parish to which you belong |

**I confirm that the information I have given is true and that I am a parent for this child.**

|  |  |
| --- | --- |
| **Signed** | **Date** |

**Please return this form directly to the school by email to** **admin@stmsw.co.uk** **with the subject ‘SIF FORM’**