

## St. Thomas More Catholic Primary School

South Road, Saffron Walden, Essex. CB11 3DW

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## **Supplementary Information Form (SIF)**

| Pupil surname   |                    |                  |                  |              | _      |  |
|---|--------------------|------------------|------------------|--------------|--------|--|
| First name (s)  |                    |                  |                  |              |        |  |
| Date of birth   |                    |                  |                  | Male         | Female |  |
| If the child is known by and  | other name please  | add it here      |                  |              |        |  |
| Home Address  |                    |                  |                  |              |        |  |
|   |                    |                  |                  |              |        |  |
| Postcode  |                    |                  |                  |              |        |  |
| Section 2 – Parent/Carer d  | letails 1          |                  |                  |              |        |  |
| Mr / Mrs / Miss / Ms  | Initials           |                  | Surname          |              |        |  |
| Relationship to child   |                    | Email a          | Email address    |              |        |  |
| Home phone no.  | Mobile             | Mobile phone no. |                  |              |        |  |
| Parent/Carer det  | ails 2             |                  |                  |              |        |  |
| Mr / Mrs / Miss / Ms  | Initials           |                  | Surname          |              |        |  |
| Relationship to child   |                    | Email a          | Email address    |              |        |  |
| Home phone no.  |                    | Mobile           | Mobile phone no. |              |        |  |
|   |                    |                  |                  |              |        |  |
| Section 3 – Religion  |                    |                  |                  |              |        |  |
| Date of Baptism   |                    |                  |                  |              |        |  |
| Place of Baptism  |                    |                  |                  |              |        |  |
| Baptism Certificate enclosed  |                    |                  | Yes              | No           |        |  |
| Parish to which you belong  | I                  |                  | 1                | <b>-</b>     |        |  |
| I confirm that the informat   | ion I have given i | is true and that | l am a nare      | ent for this | child  |  |
| I confirm that the information I have given is true and that I signed |                    |                  | Date             |              |        |  |

Please return this form directly to the school by email to <a href="mailto:admin@stmsw.co.uk">admin@stmsw.co.uk</a> with the subject 'SIF FORM'