

St. Thomas More Catholic Primary School

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EADTEACHER: Mrs. A. Stockdale Telephone: 01799 523248

Supplementary Information Form (SIF)

Section 1 – Pupil Details						
Pupil surname						
First name (s)						
Date of birth				Male	Female	
If the child is known by and	other name please	e add it here	I			
Home Address						
Postcode						
Section 2 – Parent/Carer of	details 1					
Mr / Mrs / Miss / Ms			Surname			
Relationship to child		Email	Email address			
Home phone no.		Mobile	Mobile phone no.			
Parent/Carer det	ails 2	l				
Mr / Mrs / Miss / Ms Initials			Surname			
Relationship to child		Email	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 belone	g		·			
Loopfirm that the informe	tion I have given	is true and that	lam a nare	ont 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 admin@stmsw.co.uk with the subject 'SIF FORM'