OUR LADY QUEEN OF MARTYRS CATHOLIC PRIMARY SCHOOL

SUPPLEMENTARY INFORMATION FORM

<u>Completion of this form does not constitute a formal application for a School place</u>. For Reception admissions, an application should still be made to the Local Authority by 15 January, preferably online at www.york.gov.uk/schooladmissions. Failure to complete the Local Authority application at the appropriate time will mean that your application will not be considered.

Please complete this form and return it to Our Lady Queen of Martyrs RC VA Primary School, Hamilton Drive, York, YO24 4JW with a copy of your child's Birth Certificate and Baptism Certificate (if appropriate) to support your application. <u>Failure to provide the necessary Certificates at the point of application will mean that you will not have provided all relevant information for us to consider your preference in the most relevant criterion when we prioritise places.</u>

In line with General Data Protection Regulations, our Privacy Notice can be found online at www.olgm.co.uk

CHILD'S LEGAL SURNAME	CHILD'S FORENAME(S)		
DATE OF BIRTH	MALE/FEMALE		
Please enclose a copy of the child's Birth Certificate with this Supplementary Information Form			
HOME ADDRESS OF CHILD:			
POSTCODE: (If this is not the permanent address of the child then you may like to seek the guidance of your Local Authority)			
RELIGION (Catholic, Church of England etc	c) DATE & PLACE OF BAPTISM		
1	ose a copy of the child's Baptism Certificate with nentary Information Form		

Please indicate the name, date of birth and current Class of any other children in your household			
who are currently attending Our Lady Queen of Mart			
Name	DOB	Class	
Name	DOB	Class	
Name	DOB	Class	
IN THE CARE OF A LOCAL AUTHORITY			
Is your child looked after by a Local Authority? Yes \(\square\) No \(\square\)			
If Yes, please give details of which Local Authority and the name of the Social Worker			
Has your child been adopted from the care of a Local Authority? Yes \Box No \Box			
If Yes, please give brief details			
PARENTS OR CARERS - Please give full details of <u>all</u> persons who have <u>legal contact/parental</u>			
<u>responsibility</u>			
We may use your contact details if we have any queries regarding your application.			
DARFAIT (CARFR 4			
PARENT/CARER 1			
TITLE & SURNAME:	FORENAME:		
ADDRESS (if different from above)			
TELEPHONE NUMBER: MC	OBILE NUMBER:		
EMAIL:			
RELATIONSHIP TO CHILD:	PARENTAL RESP	PONSIBILITY: Yes/No	

PARENTS OR CARERS - Please give full details of <u>all</u> persons who have <u>legal contact/parental</u> responsibility			
We may use your contact details if we have any queries regarding your application.			
PARENT/CARER 2			
TITLE & SURNAME: FORENAME:			
ADDRESS (if different from above)			
TELEPHONE NUMBER: MOBILE NUMBER:			
EMAIL:			
RELATIONSHIP TO CHILD: PARENTAL RESPONSIBILITY: Yes/No			
Parent/Carer 1's Signature:			
Date:			

Completion of this form does not guarantee a place at Our Lady Queen of Martyrs Catholic Primary Academy. The information you have provided will help us prioritise your application for a place.

Please complete this Supplementary Information Form and return it to Mrs Robinson, Office Manager, Our Lady Queen of Martyrs, Hamilton Drive, York, YO24 4JW.