OUR LADY QUEEN OF MARTYRS CATHOLIC PRIMARY SCHOOL

SUPPLEMENTARY INFORMATION FORM

Completion of this form does not constitute a formal application for a School place. 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 Catholic 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. 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.

In line with General Data Protection Regulations, our Privacy Notice can be found online at www.olqm.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) DATE & PLACE OF BAPTISM	
If your child is Baptised please enclose a copy of the child's Baptism Certificate with this Supplementary Information Form		

Please indicate the name, date of birth and who are currently attending Our Lady Queen	l current Class of any o	ther children in your household ention – Year 5 Classes
Name	DOB	Class
Name	DOB	Class
Name	DOB	Class
IN THE CARE OF A LOCAL AUTHORITY		
Is your child looked after by a Local Authori	-,	St Carial Waylor
If Yes, please give details of which Local Au	thority and the name o	the Social Worker
Has your child been adopted from the care	of a Local Authority? Ye	es 🗆 No 🗆
If Yes, please give brief details		
PARENTS OR CARERS - Please give full or responsibility	letails of <u>all</u> persons v	vho have <u>legal contact/parental</u>
We may use your contact details if we have	e any queries regarding	your application.
PARENT/CARER 1		
TITLE & SURNAME:	FORENAME:	
ADDRESS (if different from above)		
TELEPHONE NUMBER:	MOBILE NUMBER	₹:
EMAIL:		
RELATIONSHIP TO CHILD:	PAREN	TAL RESPONSIBILITY: 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
I give permission for School to process this information
Parent/Carer 1's Signature:
Date:

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

Please complete this Supplementary Information Form and return it to The School Office, Our Lady Queen of Martyrs, Hamilton Drive, York, YO24 4JW with the supporting documentation.

