

## Supplementary Information Form

for pupils starting St Aelred's Catholic Primary School

Child's Full Name:
Date of Birth
Male / Female <i>Please delete as appropriate</i>
Address:
Postcode:
Parent/Carer Name(s):
Telephone:
Email address:
Please list here any <b>siblings</b> who will be at this school in September 2027 (full name and year group please)
Religion:
<b>If your child is Catholic</b> - Date and Place of Baptism:
<i>Note: Please provide baptismal certificate/proof of baptism.</i>

**If your child is a member of a Christian denomination other than Catholic –**

Date and Place of Baptism:

**or**

Name of Minister:

Name of Church & Address

Telephone Number:

***Note: Please provide either a baptismal certificate or a letter from your minister of religion who can support your application***

***This supplementary form should be completed and returned to:***

***St Aelred's Catholic Primary School  
Fifth Avenue  
York  
YO31 0QQ***

***or***

***enquiries@staelreds.npcat.org.uk***

***if St Aelred's is listed as one of your choices on the York Local Authority Common Preference Form. Thank you.***