

**Please Note: A Separate Croydon Application Form must also be completed.**

**St Chad's Catholic Primary School  
Alverston Gardens  
South Norwood  
SE25 6LR  
Tel: 020 8771 3470**

**SUPPLEMENTARY ADMISSION FORM**

Child's Surname: ..... Christian Name(s): ..... (Girl/Boy)

Name child is known by: .....

Date of Birth: ..... Date of Baptism: .....

Address: ..... Church of Baptism: ..... \*\*

..... (Roman Catholic/Non-Catholic).....

..... Address: .....

Post Code: ..... .....

**Tel No:**.....

**\*\* (Photocopies of your child's Baptism, Birth, Priest Reference and Proof of Residence must be attached).**

Full Name of Parent/Carer: ..... Religion: .....

..... Religion: .....

*(State Roman Catholic or Other)*

**Any other information regarding your child you wish to record- see over subscription criteria (e.g. looked after child/Child in care)**

**Siblings currently on roll at St Chad's at time of admission:**

**Name: Date of Birth: Year:**

.....

.....

**Present School/Nursery Attended? (if applicable)**

Name Address/Tel No.

Signature of Parent/Guardian: ..... Date: .....

*Information supplied may be used for registered purposes under the terms of the Data Protection Act 1984*

**P.T.O.**

Present Parish Church Attended: .....

Name of Parish Priest: .....

**Which Mass do you regularly attend?:** .....

**Time:** .....

**The attached Priest Reference Form must be completed and returned with your application. (Only originals will be accepted). Your application will not be considered without this form.**

For Office Use

**N.B.**

- 1) This supplementary form must be returned to St Chad's School.