ST.JOHN VIANNEY R.C.SCHOOL
Stanley Road, Tottenham, London N15 3HD

Tel No:020 8889 8421 **Fax No:020 8881 2528**

SUPPLEMENTARY INFORMATION FORM FOR RECEPTION YEAR 2007/2008

CHILD'S SURNAME: ..... CHRISTIAN NAME: .....

DATE OF BIRTH: ..... BOY / GIRL: .....

ADDRESS: .....

TELEPHONE NUMBER: .....

DETAILS OF PARENTS / GUARDIANS: .....

FULL NAME OF MOTHER:..... FULL NAME OF FATHER:.....

NAME OF GUARDIAN: .....

ADDRESS OF PARENT / GUARDIAN if different to above: .....

SPECIAL NEEDS: Please indicate any Special Needs your child has e.g. medical, learning, pastoral, social: .....

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OTHER CHILDREN ATTENDING St. JOHN VIANNEY SCHOOL: .....

NAME OF CHURCH NORMALLY ATTENDED : .....

PLACE OF BAPTISM: .....DATE OF BAPTISM: .....

SIGNED: ..... DATE: .....

PLEASE NOTE: this form alone does not constitute a complete application. The Common Application Form from Haringey Local Education Authority must also be completed.

PRIEST'S REFERENCE FOR ST. JOHN VIANNEY R. C. SCHOOL 2007/2008
(to be completed by the Parish Priest or a Priest who knows the family or child)

PLEASE DELETE, TICK OR COMMENT AS APPROPRIATE:

- The family / child is known to me: .....
- The family is new to the Parish: .....
- The family / child is not known to me at all : .....
- The family / child attends Mass weekly.....fortnightly.....monthly.....other.....(tick as appropriate)
- Any further information you wish to provide, e.g. participation in parish, special family circumstances: ....

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NAME OF PARISH / CHURCH: .....

ADDRESS OF CHURCH: .....

SIGNATURE OF PRIEST : ..... PRIEST'S FULL NAME: .....

DATE : ..... TELEPHONE NUMBER: .....

N.B. As a result of the provisions of the 1980 Education Act the information in this form is not to be treated as confidential