

St Patrick's Catholic Primary School

Holmes Road, London, NW5 3AH

Telephone: 0207 267 1200

Please read all sections of this form and the **Nursery Admissions Policy** very carefully before you complete this form. Please complete all relevant sections in full.

SUPPLEMENTARY INFORMATION FORM FOR ADMISSION TO ST PATRICK'S SCHOOL NURSERY CLASS 2025-26

OFFICE USE ONLY

DATE FORM RECEIVED:

DISTANCE FROM SCHOOL:

Family Details

Child's first name	Family name
Date of birth	Boy / Girl
Address (including full postcode)	
Does this child currently have a brother or sister attending St Patrick's school? YES / NO	
Name(s)	Class
Mother's / father's / carer's* full name	*Carer's relationship to child
Home contact number / mobile	Contact number
Religion of child:(Please tick)	
Catholic	
Catechumen	

Member of an Eastern Christian Church

Member of other Christian Faith (name of denomination e.g Methodist)

Other faith (name of religion e.g. Muslim)

Which Catholic Parish do you live in? (Please tick)

Our Lady Help of Christians

Other

Church where child was baptised and date of baptism

Mother's / father's / carer's signature I confirm that the above information is correct.

Date

Signed

