

Home Address
.....

Telephone Number

Email address:

1. If **Catholic** please state:

Date of Baptism

Place / Parish of Baptism

Please enclose a copy of your child's Catholic Baptismal Certificate. We cannot recognise children as being Catholic without this evidence.

2. If your child is **due to be Baptised** into the Catholic Church, is **of another Christian denomination** or is of **another faith**, please provide a copy of any Baptismal certificate, or a letter of proof from a religious leader, as appropriate.

3. Does your child have any older brothers or sisters who will be attending St Edmund's Catholic Primary School in September 2021? Yes / No

If so please give their name(s) and date(s) of birth:
.....

RETURNING THIS FORM

Please return this form and any associated documentation by post to St Edmunds Catholic Primary School, Westgate St, IP33 1QG, or email office@st-edmunds.suffolk.sch.uk by **15th January 2021.**

St Edmund's Catholic Primary School *will send out an acknowledgement of receipt of this Supplementary Information Form via email to reassure parents their application has been received. Please allow two weeks for this acknowledgement to come through before contacting the School Office.*