

**Diocese of Westminster  
Catholic Primary Schools  
Supplementary Information Form 2024 - 2025**



<b>Name and Address of School:</b> <b>Our Lady of the Visitation Catholic Primary School</b>
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**Child's Details**

Child's surname:	
Child's Christian or other first name:	
Home Address:	Date of Birth:
	Postcode:

**Parent/Carer Details**

Parent(s)/Carer(s) name:	
Address:	
Telephone number:	
Alternative contact details:	
Name:	
Address:	
Telephone number:	

**Details of Religion**

Religion of child: (Please tick)	<input type="checkbox"/> Catholic	<input type="checkbox"/> Other Christian (name of denomination e.g Methodist)	<input type="checkbox"/> Other faith
Catholic Parish you live in:			
Church where child was baptised and date of baptism: (baptism certificate required)			
Name and position of priest providing Certificate of Catholic Practice or religious leader supplying letter confirming membership: (where appropriate)			

<b>FOR OFFICE USE ONLY</b> Criteria (    )    Signatures ..... / ..... / .....
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