



Roehampton CofE Primary School

Supplementary Information Form

Return to the School Office

Part A

To be completed in CAPITAL letters by Parent(s)/Guardian:

Child's Surname: _____ Child's First Name: _____

Child's Date of Birth: ____/____/____ Year Applying For: _____

Address: _____

Mother's Name: _____ Father's Name: _____

Guardian's Name: _____
(if applicable)

Name of Priest/Minister: _____

Name & Address of Parish: _____

Part B

To be completed by the Parish Priest/Minister who knows the family and child.

Please fill in as much as you can in the following sections in CAPITAL letters:

1. I know all the family: _____
2. The child only is known to me: _____
3. They are new to the Parish: _____
4. I do not know this family: _____

Signature of Priest/Minister: _____ Date: ____/____/____

Please confirm Name & Address of Parish: _____

Please return this form either by post or to the parent who will need to send it to
Roehampton Church School,
245 Roehampton Lane, London, SW15 4AA
Tel: 020 8788 8650