

Supplementary Information Form



St Louis Catholic Academy

Fordham Road, Newmarket, Suffolk, CB8 7AA

Telephone: 01638 662719

Email: admin@stlouisacademy.co.uk

Website: www.stlouisacademy.co.uk

Please complete in BLOCK CAPITALS and return this form to the School Office.

Child's Full Name.....	
Child's Date of Birth.....	Boy/ Girl
Name of Parent / Guardian.....	
Home Address of Child.....	
..... Postcode.....	
Email Address.....	Contact Tel. No.....

What is your child's faith/denomination?
Has your child been baptised? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes – Date of Baptism (Please continue onto next section) (Baptismal Certificate will be required)
If you selected 'No' because your faith has no baptisms but you are members of your faith community please ask your priest/minister to confirm below that this information is accurate.
To be completed by your Parish Priest/Minister
I can confirm, to the best of my knowledge, that the above information is accurate.
Signed..... Dated
Name.....
Address.....
.....
Parish Stamp or Seal

Does your child experience any health or social condition which they would benefit from attendance at St Louis Catholic Academy? YES <input type="checkbox"/> NO <input type="checkbox"/>
(Written evidence from a medical or social professional will be required)

Signed..... (Parent/Guardian)

Date.....