Supplementary Information Form (SIF)

Surname:		Forenames:
Preferred name if applicable:	Gender: M / F	Date of Birth:
Home address:		
Postcode:		Email Address:
Home Tel No:		Mobile No: Mobile No:
Name of siblings currently in Year Rec-5 at St Lawrence:		
Name of Mother		
Name of Father		

I/We have read the Admissions Policy and understand that admission to the School will be conditional upon the criteria stated being fulfilled.

Signed: ……

Date: ……

<u>THIS FORM ONLY REGISTERS YOUR CHILD. IT DOES NOT GUARANTEE A PLACE</u>

A full privacy notice, setting out the information we collect, why we process personal data, who has access to this data, how the data is protected and your rights can be found on our website under GDPR Data Protection.

PLEASE ATTACH A COPY OF YOUR CHILD'S BIRTH & BAPTISM CERTIFICATE.