

Supplementary Information Form

for pupils starting St Aelred's Catholic Primary School 2026/27

Child's Full Name:
Date of Birth
Male / Female <i>Please delete as appropriate</i>
Address:
Postcode:
Parent/Carer Name(s):
Telephone:
Email address:
Please list here any siblings who will be at this school in September 2024 (full name and year group please)
Religion:
If your child is Catholic - Date and Place of Baptism:
<i>Note: Please provide baptismal certificate/proof of baptism.</i>

If your child is a member of a Christian denomination other than Catholic –

Date and Place of Baptism:

or

Name of Minister:

Name of Church & Address

Telephone Number:

Note: Please provide either a baptismal certificate or a letter from your minister of religion who can support your application

This supplementary form should be completed and returned to:

***St Aelred's Catholic Primary School
Fifth Avenue
York
YO31 0QQ***

or

office@stael.smccat.org.uk

if St Aelred's is listed as one of your choices on the York Local Authority Common Preference Form. Thank you.