

**OUR LADY QUEEN OF MARTYRS  
ROMAN CATHOLIC VOLUNTARY AIDED PRIMARY SCHOOL**

**SUPPLEMENTARY INFORMATION FORM**

Completion of this form does not constitute a formal application for a School place. For Reception admissions, a City of York Council Common Application form will be sent to parents by the School at the appropriate time. Failure to complete the Common Application Form at the appropriate time will mean that your application will not be considered.

**Please complete this form and return it to Our Lady Queen of Martyrs RC VA Primary School, Hamilton Drive, York, YO24 4JW with a copy of your child's Birth Certificate and Baptism Certificate (if appropriate) to support your application.**

CHILD'S LEGAL SURNAME	CHILD'S FORENAME(S)	CHOSEN NAME

DATE OF BIRTH	MALE/FEMALE
COUNTRY OF BIRTH:	NATIONALITY:
<b>Please enclose a copy of the child's Birth Certificate.</b>	

HOME ADDRESS:  
.....

POSTCODE: ..... TELEPHONE NUMBER:  
.....

PLEASE STATE IF THIS ADDRESS IS PERMANENT OR  
TEMPORARY.....

RELIGION (Catholic, Church of England etc)	DATE & PLACE OF BAPTISM
<b>If your child is Baptised please enclose a copy of the child's Baptism Certificate.</b>	

Please indicate the name and class of any other children in your household who are attending Our Lady Queen of Martyrs at present

Name	Class
Name	Class
Name	Class

**IN THE CARE OF A LOCAL AUTHORITY**

Is your child in the care of the Local Authority? Yes  No

If Yes, please give brief details

Has your child previously been in the care of a Local Authority? Yes  No

If Yes, please give brief details

Has your child been adopted from care? Yes  No

If Yes, please give brief details

PARENTS OR GUARDIANS - Please give full details of **all** persons who have legal contact/parental responsibility

TITLE & SURNAME: ..... FORENAME:

.....

ADDRESS (if different from above)

.....

TELEPHONE NUMBER: ..... MOBILE NUMBER:

.....

EMAIL: ..... RELATIONSHIP TO STUDENT:

.....

TITLE & SURNAME: ..... FORENAME:

.....

ADDRESS (if different from above)

.....

..

TELEPHONE NUMBER: ..... MOBILE NUMBER:

.....

EMAIL: ..... RELATIONSHIP TO STUDENT:

.....

EMERGENCY CONTACT (should parents be unavailable)

TITLE & SURNAME: ..... FORENAME:

.....

ADDRESS:

.....

....

TELEPHONE NUMBER: .....	MOBILE NUMBER:
.....	
EMAIL: .....	RELATIONSHIP TO STUDENT:
.....	

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Completion of this form does not guarantee a place at Our Lady Queen of Martyrs RC VA Primary School.**