

Admissions to primary schools 2012

Please find attached the supplementary information form for Our Lady's RC Primary School Wigan. You are strongly advised to complete this form so that the governing body have all the information they need to consider your application against their faith criteria. **The governing body can only consider your application if you have stated Our Lady's RC Primary School Wigan as one of your three preferences on your application (either your home local authority primary school application form or online application).**

Returning supplementary information forms:

Please return the attached supplementary information form to the school by the closing date: **15 January 2012:**

School address:

Our Lady's RC Primary School Wigan
Holly Road
Aspull
Wigan
WN2 1RU

If you have any questions about completing this supplementary form please do not hesitate to contact the school on 01942 832299.

The School Places Team can offer advice about Admissions to Primary Schools. Their contact details are:

The School Places Team,
People Directorate: Children, Adults & Families,
Progress House,
Westwood Park Drive,
Wigan
WN3 4HH

Phone: 01942 486037, 486038, 486039, 486040

Email: schoolplaces@wigan.gov.uk

Website: www.wigan.gov.uk



Our Lady's RC Primary School



SUPPLEMENTARY INFORMATION FORM (2012)

(Please complete all sections in block capitals and in ink, before returning this form to school. Do not hesitate to contact us if you have any concerns about the information we are asking you to provide)

FULL NAME OF PUPIL

Surname..... Forename.....

Middle Name(s)..... Chosen Name.....

DATE OF BIRTH MALE/FEMALE.....

HOME ADDRESS.....

..... POST CODE

RELIGION.....

HOME PARISH.....

PLACE OF BAPTISM DATE.....

(Please enclose a Certificate of Baptism , if your child was not baptised at Our Lady's, Aspull or St. Andrew's Blackrod)

NAME OF MOTHER

.....
ADDRESS (if different to above)
.....

HOME TEL.NO..... MOBILE NO

PARENTAL RESPONSIBILITY? *YES/NO (*delete as appropriate)

NAME OF FATHER

.....
ADDRESS (if different to above)
.....

HOME TEL.NO..... MOBILE NO.....

PARENTAL RESPONSIBILITY? *YES/NO (*delete as appropriate)

IS YOUR CHILD IN PUBLIC CARE?
Authority?)

***YES / NO** (*Please delete - if yes which

AUTHORITY.....

DOES YOUR CHILD HAVE A STATEMENT OF SPECIAL EDUCATIONAL NEEDS? *YES / NO
(*please delete)

**NAMES OF ANY BROTHERS OR SISTERS ALREADY IN OUR SCHOOL AT THE TIME THAT
YOUR CHILD WOULD START AT THIS SCHOOL**

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Thank you for completing and returning this form.

For Office Use Only

Wigan LEA Admission Form Verified By *Date*

Baptismal Certificate seen by..... *Date*