



**Supplementary Information Form** for admission to  
**Our Lady Queen of Heaven RC Primary School**  
 in the academic year **2025/2026**



If applying for a place at **Our Lady Queen of Heaven School under criteria 2**, please ensure you make an appointment to see the Parish Priest of the Parish you usually attend to obtain a Catholic Certificate of Practice. You should then return this certificate to the school office together with your child's **Baptism Certificate (if applicable) and proof of address.**

NB. **For Reception Admissions, you must also complete a Common Application Form** from your home Local Authority. Wandsworth residents can complete this [online at here](#) or obtain a paper form from the Council's Pupil Services team. For In Year admissions The Common Application Form is available from the school or Council's Pupil Services team, or if your child is already in a Wandsworth school, a school transfer form is available from your current school.

**(To be completed by all parents or carers)**

School to which you are applying: \_\_\_\_\_

Address of school: \_\_\_\_\_

Surname of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Christian/forename(s) of child: \_\_\_\_\_

Religion/Denomination of child: (eg Roman Catholic) \_\_\_\_\_ Boy  Girl

Date and place of Baptism (if applicable): \_\_\_\_\_

Parents' names: \_\_\_\_\_

Parents' religions/denominations: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact telephone numbers: \_\_\_\_\_

(Mother/Father/Carer)

Details of siblings:

If your child already has an older brother or sister attending Our Lady Queen of Heaven School, who will still be on roll in September 2025 please give details below:

Please add here any other information you may feel is relevant to this application in relation to the school's admissions policy in respect of exceptional medical, social or pastoral needs of your child that make only this school suitable for them. Strong and relevant evidence must be provided by an appropriate professional authority (eg. qualified medical practitioner, education welfare officer, social worker or priest). (Continue on a separate sheet if necessary)

I confirm that the information we have given on this form is accurate and truthful:

Signed: \_\_\_\_\_ Parent/ Carer Date: \_\_\_\_\_