

WELWYN ST MARY'S PRIMARY SCHOOL SUPPLEMENTARY INFORMATION FORM

Please return this form by 15th January 2026

Please note that if the form overleaf needs to be completed, one or more signatures are required and so a paper version must be used and should be returned to the School Office.

Your Child's Details			
Name of Child (in full)			
Date of Birth	application :		
Male / Female (Please delete as appropriate)			
Applicant Details	Category ¹		
Mr/Mrs/Miss/Ms/Other	1: Children Looked After		
Name	 2: Sibling, Living in Catchment area 3: Living in Catchment area 		
Address			
	_ 4: Siblings (outside catchment) ²		
Postcode			
Telephone number			
Relationship to child	7: Attending other Churches ²		
	8: Other children ²		
Further Information			
 Applications for Looked After Children will need to provide Applications under Categories 2 & 4 should note here the 			
Sibling's Full Name			
Address			
 Applicants under Categories 6 or 7 should ensure that the at least once a month for the last six months, is completed in the event that during the period specified for attendance worship and has not provided alternative premises for that arrangements in relation to attendance will only apply to the been available for public worship. If your child has an Education and Health Care Plan name 	eted by their priest/minister. e at worship the church has been closed for public worship, the requirements of these admission he period when the church or alternative premises have		
I confirm that the information I have given on this form is	correct		
Signed Full Name			

¹ See Determine Admissions Arrangements - Definitions

² The School gives priority to children from our catchment area - the village of Welwyn - and then the subsequent categories; should places still be vacant it may be possible to offer places to children from outside our catchment area.

Category 6 or 7 only



WELWYN ST MARY'S PRIMARY SCHOOL

Commitment to a Christian Place of Worship (Confirmation of regular attendance over the last 6 months)

Name of applicant for a place at Welwyn St Mary's		
Name/address of Church attended by parents/carers		
I confirm that	has attended regularly (at	
least once a month for the past six months) at		Church.
Signed	(Priest/Minister)	
Name		
Address		
Date	Contact telephone numb	er
* * * * * * * * * * *		
Further statement if more than one Church attended in the last six months		
Name of applicant for a place at Welwyn St Ma Name/address of Church attended by parents_		
I confirm that	ha	s attended regularly (at
least once a month for the past m	onths³) at	Church.
Signed	(Priest/Minister)	
Name		
Address		
Date	Contact telephone numb	er

³ See note in red on P1 regarding period specified if the church has not been open for public worship during the period.