



# Supplementary Information Form

## Application for Admission to Rosh Pinah Primary School Reception 2024-25

Child's Surname	
Child's First Name(s)	
Child's Date of Birth	
Child's Permanent Address	Post code:
Parent/Carer's Name and Contact Numbers (no 1) Parent/Carer's Name and Contact Numbers (no 2)	1. _____ 2. _____
Parent/Carer's Email Addresses	1. _____ 2. _____
Name(s) of sibling(s) who will be attending Rosh Pinah Primary School at the date of entry.	1. _____ Class: _____ 2. _____ Class: _____

**PLEASE ENSURE THAT AN APPLICATION IS ALSO MADE THROUGH THE  
CHILD'S HOME LOCAL AUTHORITY**

I declare that I wish my child to be enrolled as a pupil of Rosh Pinah Primary School and that the above information is true and correct in every detail.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (in block capitals) \_\_\_\_\_

**Please ensure that you return the following documents directly to the School:**

- 1. Completed Supplementary Information Form (SIF)**
- 2. Completed Certificate of Religious Practice (CRP)**

**Please note that all information will be verified**