

# St Joseph's Camberwell Catholic Schools' Federation



Pitman Street, Camberwell,  
London SE5 0TS  
Phone: 020 7703 9264  
Executive Headteacher: Ms D. Jameson  
Head of School: Mrs T. Mokogwu

*Admission to this voluntary aided Primary School is normally reserved to children of practising Catholic parents resident in the Parish of Sacred Heart and surrounding areas. Completion and acceptance of this form in no way guarantees a place in this school at any specific time.*

## Expression of interest in obtaining a reception place for September

CHILD SURNAME: \_\_\_\_\_ FIRST NAMES: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CHILD KNOWN AS: \_\_\_\_\_

\_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_  
NHS NUMBER: \_\_\_\_\_

POST CODE: \_\_\_\_\_

BOROUGH OF RESIDENCE (circle): LEWISHAM / LAMBETH / SOUTHWARK / OTHER: \_\_\_\_\_

NURSERY/PRESCHOOL: \_\_\_\_\_

RELIGION: \_\_\_\_\_ PARISH CHURCH: \_\_\_\_\_

IS THE CHILD IN PUBLIC CARE OF A LOCAL AUTHORITY? YES. / NO. (Please circle)

NAME OF ANY BROTHERS OR SISTERS CURRENTLY ATTENDING:  
ST JOSEPH'S CATHOLIC INFANTS' / JUNIORS' \_\_\_\_\_

PARENT/CARER DETAILS:  
RELATIONSHIP TO CHILD \_\_\_\_\_

SURNAME: \_\_\_\_\_ FIRST NAMES: \_\_\_\_\_

HOME PHONE NO: \_\_\_\_\_ MOBILE NUMBER: \_\_\_\_\_

SIGNATURE OF PARENT / CARER: \_\_\_\_\_

PLEASE RETURN THIS FORM WITH YOUR CHILD'S FULL BIRTH CERTIFICATE, BAPTISM CERTIFICATE, PROOF OF CURRENT ADDRESS AND CHILD BENEFIT LETTER (IF YOU HAVE ONE).

[The Schools Privacy Notice can be found on the Schools website in the Information, policies section.](#)  
This privacy notice describes how we collect and use personal information about pupils, in accordance with the General Data Protection Regulation

### Office Use Only

Date Received \_\_\_\_\_

Proof of current address

Birth Certificate

Baptism Certificate

Priest Reference Form

Category \_\_\_\_\_ Rank \_\_\_\_\_