

Child's Details – as on their birth certificate

Child's First Name																					
Child's Surname																					
Child's Present Primary School																					

Reminder – You will need to refer back to the Admissions Policy when filling in this form which can be viewed on the school's website www.btg.ac

Please complete this form in black ink only.

SUPPLEMENTARY INFORMATION FOR SECONDARY SCHOOL TRANSFER 2019

ARCHDIOCESE
OF SOUTHWARK



Ms Bernadette Boyle BA (Hons) NPQH
HEADTEACHER

BISHOP THOMAS GRANT SCHOOL

BELLTREES GROVE, LONDON SW16 2HY
Telephone: 020-8769 3294 Facsimile: 020-8835 9262
e-mail: admissions@btg-secondary.lambeth.sch.uk
website: www.btg.ac

DofE Number 208 5401

Religious Denomination: _____

Your Local Authority of Residence: _____

If any of the information given on this form changes before you are notified of the outcome of the application, you must inform the Headteacher **IN WRITING** immediately. Failure to do so may prejudice the application. False information, or the omission of material information, may result in disqualification, or even the loss of a place after it has been offered, accepted or taken up.

For official use only:	Date Received	Ref No:		
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**APPLICATION TO JOIN YEAR 7:
Bishop Thomas Grant School
IN SEPTEMBER 2019**

**Applications must be received by the School no later than
Thursday 18 October 2018**

Child's Details

Child's First Name(s)			
Child's Family Name			
Date of Birth	DD/MM/YY	Gender	
Home Address (This must be the address where the child normally lives. If this is different from the parent/carer address, please give reasons for this.)			
		Postcode	
Religious Denomination			
Date of Baptism		Place and Parish of Baptism	

Details of Parents/Carers

Parent/Carer 1 Title (Please circle)	Mr Mrs Miss Ms Dr	Surname
Relationship to Child		
Address, including postcode (if different from child's address given above)		
Preferred Contact Telephone Numbers		
Email Address:		
Religious Denomination		

Parent/Carer 2 Title (Please circle)	Mr Mrs Miss Ms Dr	Surname
Relationship to Child		
Address, including postcode (if different from child's address given above)		
Preferred Contact Telephone Numbers		
Email Address:		
Religious Denomination		

Details of ALL siblings who will be on roll at Bishop Thomas Grant School at time of entry. Please indicate which year group the child is in at Bishop Thomas Grant School. A sibling is a brother or sister.

Full Name	Year Group

Details of Parents and Child's Mass Attendance over the previous 3 years

Name of the church where you attend Mass	
a) Name of the priest at the church where you attend Mass	
b) Address of church where you attend Mass	
c) Any other information you wish the school to consider relating to your Mass practice	

Mass Attendance (Please tick which applies in each case):

Child	Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Once a month <input type="checkbox"/>	Less than once a month <input type="checkbox"/>	Never <input type="checkbox"/>
Parent/Carer 1	Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Once a month <input type="checkbox"/>	Less than once a month <input type="checkbox"/>	Never <input type="checkbox"/>
Parent/Carer 2	Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Once a month <input type="checkbox"/>	Less than once a month <input type="checkbox"/>	Never <input type="checkbox"/>

How long has this been your usual practice?

Child years Parent/Carer 1 years Parent/Carer 2 years

Please indicate which Mass (Saturday/Sunday and time) you and your child normally attend:

Parent/Carer 1	Parent/Carer 2	Child

Present School of Child for admission (needed for school records and not forming part of the admissions process)

Name of Present School	
Dates from and to:	
Name of Present Headteacher	
Address (including Post Code)	
Telephone Number	

Please add here any other information you may feel is relevant to this application in relation to the school's admissions policy, for example, 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).

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**PLEASE RETURN THIS FORM TO THE
HEADTEACHER**

at

**Bishop Thomas Grant School
Belltrees Grove
London SW16 2HY**

For all applications for places in Year 7, please ensure that you also complete the Common Application Form (CAF) issued by the Local Authority in which you reside. The CAF should be returned to the Local Authority.

BEFORE YOU SIGN THE FORM PLEASE CHECK THE LIST BELOW AND TICK TO ENSURE THAT YOU ATTACH THE FOLLOWING DOCUMENTATION TO THIS SUPPLEMENTARY FORM:

- | | |
|---|--------------------------|
| 1. ORIGINAL BAPTISMAL CERTIFICATE | <input type="checkbox"/> |
| <i>and</i> | |
| 2. PHOTOCOPY OF BAPTISMAL CERTIFICATE | <input type="checkbox"/> |
| <i>and</i> | |
| 3. ORIGINAL PARISH PRIEST REFERENCE FORM SIGNED AND DATED WITH PARISH SEAL OR STAMP. | <input type="checkbox"/> |

If you are returning your Supplementary Form by post, please enclose a stamped addressed envelope for return of your original baptismal certificate. Please also ensure you use the correct amount of postage.

**PLEASE NOTE ALL OF THE ABOVE MUST BE RECEIVED BY THE SCHOOL
NO LATER THAN THURSDAY 18 OCTOBER 2018**

I/We confirm that the information given on this Supplementary Form is correct and that I/We have not omitted any material information. I/We have read the Admissions Criteria.

SignedDate.....
Parent/Carer 1

SignedDate.....
Parent/Carer 2

It is not necessary for both parents/carers to sign. If both parents/carers do not sign, it is assumed that a single signature represents both parents/carers.