



Archdiocese of Southwark

SUPPLEMENTARY INFORMATION FORM

Note: You must also complete and return a Common Application Form (available from your Local Authority)

PART 1 (To be completed by all parents or carers)

APPLICATIONS MUST BE RECEIVED BY THE SCHOOL NO LATER THAN 16th JANUARY 2019

School to which you are applying: ST ANDREW'S CATHOLIC PRIMARY SCHOOL
Address of school: Polworth Road, Streatham, SW16 2ET
Surname of child: Date of birth:
Christian/forename(s) of child:
Religion/Denomination: (e.g.Roman Catholic) Boy Girl
Date and place of Baptism (if applicable):
Parents' full names:
Parents' religions/denominations
Home address: Postcode
Contact telephone numbers: Mother Father

If Catholic, indicate which Mass you normally attend: Saturday at (time) or Sunday at (time)
Parish in which you live (e.g. English Martyrs, Streatham)
Usual place of worship (if different):
How long have you worshipped there? years. If you have recently moved to the parish please give details of your previous parish
How often do you attend Mass? weekly more than once a month once a month or less often

Please add here any other information you may feel is relevant to this application in 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 (egg 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:

ORIGINAL documentation of the following will need to be seen by the school in order to process this form: BAPTISMAL CERTIFICATE FOR CHILD AN UP TO DATE UTILITY BILL

**PART 2 (To be completed by Catholic priests only)**

A. For all schools:

I am satisfied that the child is a baptised Roman Catholic or a baptised member of a Church that is in full communion with Rome.  Yes  No

If no are the parents/child enrolled in a RCIA/RCIC programme?  Yes  No

B. For schools requiring evidence of practice:

<u>PARENT/CARER</u>	<u>CHILD</u>
Are the parents known to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child known to you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Weekly attendance at Mass (i.e. weekly) <input type="checkbox"/>	Regular attendance at Mass (i.e. weekly) <input type="checkbox"/>
Occasional attendance at Mass (i.e. more than once a month) <input type="checkbox"/>	Occasional attendance at Mass (i.e. more than once a month) <input type="checkbox"/>
Irregular attendance at Mass (i.e. once a month or less) <input type="checkbox"/>	Irregular attendance at Mass (i.e. once a month or less) <input type="checkbox"/>
How long have the parent(s) attended your church?	How long has the child attended your church?

Please comment, if appropriate, **only** to clarify the Mass attendance above:

Priest's name: \_\_\_\_\_ Parish \_\_\_\_\_

Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

Parish stamp or seal

Priest's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PART 3 (To be completed only by ministers of other denominations or faiths)**

**Non-Catholic parents/carers from other denominations or faiths should hand this form to their minister or equivalent asking them to complete the section below and return it as soon as possible to the school indicated over.**

I confirm that this family are members of our faith community

The family is not known to me

Name of minister: \_\_\_\_\_ Denomination/faith: \_\_\_\_\_

Parish or faith community: \_\_\_\_\_

Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

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

*Instructions to the priest, minister or other faith leader:*

*Please complete and return this form to the Headteacher at the Catholic school indicated overleaf*