



**Archdiocese of Southwark  
St Helen's Catholic Primary School**

**Supplementary Information Form**

**NB You must also complete and return a Common Application Form  
(available from schools and/or Local Authorities)**

This form should be completed when applying for a place St Helen's Catholic School. Please complete and sign the form below and, if you are Catholic, hand it to your parish priest or the parish priest at the church at which you normally worship. He will add his reference in Part 2. If you are not a Catholic, please hand the form to your priest, minister or faith leader who will add his or her reference in Part 3.

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

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):  
\_\_\_\_\_

FATHER/ carers names:  
\_\_\_\_\_

Religion/denominations \_\_\_\_\_

MOTHER/ carers names:  
\_\_\_\_\_

Religions/denominations \_\_\_\_\_

Home address:  
\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Contact telephone number \_\_\_\_\_ (mother)

\_\_\_\_\_ (father)

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Name of any brother or sister who will be attending St Helen's Catholic Primary School at time of admittance

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If **Catholic**, indicate which Mass you normally attend: Saturday evening at \_\_\_\_\_ (time)

or Sunday at \_\_\_\_\_ (time)

Parish in which you live (e.g. Our Lady of the Rosary, Brixton)

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Usual place of worship (if different): \_\_\_\_\_

How long have you worshipped there? \_\_\_\_\_ years

How often do you attend Mass?      weekly [ ]    fortnightly [ ]    at least once a month [ ]

*Please add here any other information you may feel is relevant to this application in relation to the school's admissions policy 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 (e.g. 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: \_\_\_\_\_

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

Are the parents known to you? Yes [ ] No [ ]

Is the child known to you? Yes [ ] No [ ]

I am satisfied that the child is a baptised Catholic Yes [ ] No [ ]

**Family's attendance at Mass**

Weekly attendance at Mass [ ] Occasional attendance at Mass [ ]  
(i.e. less than once a month)

Regular attendance at Mass [ ] Irregular attendance at Mass [ ]  
(i.e. at least fortnightly) (i.e. at least once a month)

How long have the parent(s) attended your church \_\_\_\_\_

*If you consider there are valid reasons for Mass attendance to be considered equivalent to weekly, because of illness or other reasons, please state this below*

Priest's name: \_\_\_\_\_ Parish (or ethnic chaplaincy): \_\_\_\_\_

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

Parish stamp or seal

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

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

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

**Non-Catholic parents/carers from other denominations or faiths should hand this form to their priest/minister or faith leader who should 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 [  ]

Is the child known to you? Yes [  ] No [  ]

Name of minister:

\_\_\_\_\_ Denomination/faith \_\_\_\_\_

Parish or faith community:

\_\_\_\_\_

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

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

**To the priest, minister or other faith leader:**

*Please ensure this form is completed and returned to the school by.....*