



Archdiocese of Southwark

# Supplementary Information Form

This form should be completed when applying for a place in a Catholic School in the Archdiocese of Southwark. 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. For consideration for a place in Reception 2018 please return this form to the school by **15 January 2019.**

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

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

School to which you are applying: **ST CECILIA'S CATHOLIC PRIMARY SCHOOL**

Address of school: **LONDON ROAD, NORTH CHEAM, SUTTON, SURREY, SM3 9DL**

Surname of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Christian/forename(s) of child: \_\_\_\_\_

Religion/Denomination: (eg Roman Catholic) \_\_\_\_\_

Date and place of Baptism (if applicable): \_\_\_\_\_

Parents' names: \_\_\_\_\_

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

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

Contact numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Mother/Father/Carer)

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

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

Parish in which you live (eg Holy Innocents, Orpington) \_\_\_\_\_

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

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

How often do you attend Mass?  weekly  at least once a month  less often

Please add here any 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 a 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: \_\_\_\_\_

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

(A family is defined as being the child's natural or adoptive parents or officially designated carers including single parent families. It does not include grandparents or other relatives unless they are officially designated carers.)

**A. For all schools:**

I am satisfied that the child is a baptised Catholic

Yes  No

**B. For schools requiring evidence of practice:**

**FAMILY**

Is the family known to you? Yes  No

Regular attendance at Mass  
(i.e. weekly)

Occasional attendance at Mass  
(i.e. at least once a month)

Irregular attendance at Mass  
(i.e. less than once a month)

How long has the family  
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)**

(A family is defined as being the child's natural or adoptive parents or officially designated carers including single parent families. It does not include grandparents or other relatives unless they are officially designated carers.)

**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  The family is not known to me

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 as soon as possible.*