## SACRED HEART HIGH SCHOOL HAMMERSMITH

# SUPPLEMENTARY INFORMATION FORM (ALL APPLICANTS TO COMPLETE)

Candidate's Surname	
Candidate's Forename(s)	

Before completing this form, it is essential that you read carefully the school's Admissions Policy and procedures. You are strongly advised to seek the advice of your daughter's Primary Head Teacher, although it is not necessary for her/him to sign the form. Once completed, fill in the checklist, on page 4. It is recommended that you return this form and the relevant documentation to The Head Teacher, Sacred Heart High School Hammersmith, 212 Hammersmith Road, London, W6 7DG, by **3pm** on **Friday 21**<sup>st</sup> **October 2016**. From **Monday, 24**<sup>th</sup> **October to Friday 28**<sup>th</sup> **October 2016**, the school will be closed for Half Term. However, this form must be received by the school no later than the National deadline date of **Monday, 31**<sup>st</sup> **October 2016**. As far as possible, a photocopy of the candidate's Baptismal Certificate should accompany the form. However, where this has to be obtained from abroad, the latest date for receipt is **Friday, 11**<sup>th</sup> **November 2016**. Parents must also complete and return the Common Application Form to their Local Authority by the published closing date.

Please answer all of the questions on this form as fully as possible. Failure to do so may delay or prejudice the application. If, after making an application, any of the information given on this form, or on any other form, letter or document associated with the application, changes, the Head Teacher must be informed immediately. Failure to do so may prejudice the application. False information, or the omission of material information, may result in disqualification, or the loss of a place after it has been offered or accepted.

**Posting your Application:** Most applications are hand delivered to ensure safe receipt. If you intend to post your application, please ensure sufficient postage on the envelope to take account of the **weight** of an item **AND** its **size.** It is therefore **essential** that you check this with the Post Office. Failure to do so will mean that the Post Office may withhold your application for up to two months and that it is received after the closing date. The school will *not* be responsible for retrieving your application in such circumstances. If you send original documents by post please ensure that you indicate clearly the name of the candidate concerned. Parents are responsible for making adequate arrangements to enable us to return original documents. The school will *not* be responsible for the loss of original documentation, returned by post.

#### FOR OFFICE USE ONLY

Baptismal Certificate: Candidate (Photocopy only)	
Certificate of Catholic Practice	
Received	

10 ve completea by the							
Details of the Candida	ate (*as	shown on birth	certificate or	amending leg	gal instrument,	, not a <del>passport)</del>	
Surname*							
Forename(s)*							
Home address							
Postal Code in full							
Please confirm that this is	s the ado	dress where the	candidate res	ides with a Pa	arent or legal	Yes / No	
guardian for 51% or more						165 / 110	
D ( Cl. 4				A 1 1 1	41.1		
Date of birth				Age last bin	rtnaay		
Religion							
Date and place of Baptisi	n	Date		F	Place		
	0 "	и т * * *	•, •	1		37 /37	
Is the candidate "looked a Arrangements Orders or						Yes / No	
looked after ?		1 -					
Details of Parent/Guard	lian						
Surname							
Forename(s)							
Religion							
Parent/Guardian Contact	Email	1					
Address(es)	Linan						
Contact Phone number (	s)						
Church at which you we	orship r	egularly?					
Name of the parish. (For							
Name of the church (For		le: St John's)					
Name of the parish priest		1					
Name of the priest to whom you are known							
Address of presbytery							
(and full post code)							
If you worshipped at a o	differen	t parish, within	n the last 4 y	ears, name of	f Church		
Name of the parish. (For							
Name of the church (For example: St John's)							
Name of the parish priest							
Name of the priest to who		are known					
Address of presbytery							
(and full post code)							
•							

If two parishes are named, please state which priest is completing a Certificate of Catholic Practice.	
Are BOTH parishes completing a Certificate of Catholic Practice?	Yes / No

## Details of any sisters who currently attend Sacred Heart High School Hammersmith

Full name	Date of birth	Date of entry into Sacred Heart High School Hammersmith

Does the candidate attend any Catholic Primary School in one of the following London Boroughs?		
Brent/Ealing/Hammersmith and Fulham/Hounslow/Kensington and Chelsea/Richmond upon Thames/Wandsworth		

## **Further information**

If the date of baptism was more than six months after the date of birth, please explain the reason. Where relevant and available, provide documentary evidence to support your explanation.

Does the candidate have an exceptional medical or social need which necessitates them attending Sacred Heart High School Hammersmith and no other school? Please provide evidence from an appropriate professional, for example GP, Hospital Consultant, Social Worker.

	Checklist			
•	Have you read the Admissions Policy and procedures for this school?			
•	Have you completed this form?		Yes/No	
•	Have you completed and returned the Common Application Form (CAF) to your hon	ie borough?	Yes/No	
•				
• (For Catholic applicants only) Have you made adequate arrangements to ensure that your Parish Priest is able to return the Certificate of Catholic Practice to: The Head Teacher, Sacred Heart High School				
<ul> <li>Hammersmith, 212, Hammersmith Road, London W6 7DG?</li> <li>Have you made adequate arrangements to ensure that the school is able to return original documentation safely?</li> </ul>			Yes/No	
	Have you enclosed essential documents with this application?			
Document Status			Enclosed	
A photocopy of the candidate's Baptismal Certificate Esse		Essential	Yes/No	
Evidence of Reception into the Catholic Church for candidate if previously baptised into another Christian Faith (Photocopy) (See Below)			Yes/No	
Reasons and documentary evidence (where relevant and available) to support your explanation if the date of baptism was more than six months after the date of birth.  Essential where there is such a need		Yes/No/Not applicable		
Reasons and documentary evidence of the candidate's exceptional medical or social need (if any) which necessitates them attending Sacred Heart High School Hammersmith.  Essential where there is such a need		Yes/No/Not applicable		
Hav	ve you made adequate arrangements to enable the school to return original	Essential	Yes/No/Not	

## **Baptismal Certificates**

All Baptisms and Receptions into the Catholic Church are recorded in the Baptismal Register of the Church where the Baptism took place. It is usually always possible to obtain a copy of your Baptismal Certificate even if the Baptism took place overseas. Guidance on how to go about this is provided with the Prospectus. Nevertheless, the Governors are aware that in some cases, it may not be able to obtain such certificates by the closing date for receipt of applications and have therefore provided a second final date by which these should be received. In the very unusual circumstance that it is NOT possible to obtain a Baptismal Certificate or one of the alternatives set out in the Guidance, applicants should follow the advice provided in this circumstance and as far as possible provide evidence of why it has not been possible to obtain the necessary certificate. For admissions 2017, the date for submitting a Baptismal Certificate is Friday, 11<sup>th</sup> November.

applicable

### This form is to be signed by the Parent/Guardian named on this form.

documentation if the application or documents are posted?

I confirm -

- (i) that I have read the Admission Arrangements for the School and the notes on the front page of this Supplementary Form and that I understand and accept the conditions therein; and
- (ii) that the information given on this form is correct and that I have not omitted any material information.

Signed		Date	
<b>6</b>	Parent/Guardian		



## BISHOPS' CONFERENCE OF ENGLAND AND WALES

## CERTIFICATE OF CATHOLIC PRACTICE

Details of child (f	or identification only)
Full name of child:	
Address of child: _	
Postcode:	Date of Birth:
I am [the child's p practises] <b>[delete</b>	arish priest] [the priest in charge of the Church where the family as applicable]
	t this child and his/her family are known to me and, to the best of belief, the child is from a practising Catholic family.
	Position
Parish (or ethnic c	naplaincy)
Address	
,	s signature
i nest	Parish stamp or seal
	Date