St Bede's Catholic Infant & Nursery School



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RECEPTION SUPPLEMENTARY INFORMATION FORM

Please fill in all the details on this form (block capitals) and return it to the school office with your child's original Baptism Certificate and proof of address.

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.

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)		
Christian/forename(s) of child:			
Surname of child:	Date of birth:		
Religion/Denomination: (eg Roman Catholic)	Boy 🗆 Girl 🗆		
Date and place of Baptism (if applicable):			
Parents' names (Mother): Forename:	Surname:		
Parents' names (Father): Forename:	Surname:		
Parents' religions/denominations:			
Home address:			
	Postcode		
Contact numbers: Home	Work Mobile (Mother/Father/Care	er)	
Contact numbers: Home	Work Mobile (Mother/Father/Care	r)	
	ernadette School 🗆 Name of sibling	_)	
If Catholic , indicate which Mass you normal			
Parish in which you live	or Sunday at (time)		
How long have you worshipped there? How often do you attend Mass? 🗆 weekly	years I □ at least once a month □ less often		
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 : Date:			

A. <u>For all schools</u> :			
	e child is a baptised Roman Cathol Yes □ No □	5	l communion with Rome
B. For schools requiring	evidence of practice:		
	FAMILY		
	Are the parents known to you? Ye	s 🔲 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 have the parent(s) attended your church?		
	reasons for Mass attendance to be v.	e considered equivalent to v	veekly, because of illness or other
easons, please state this below			veekly, because of illness or other plaincy):
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Priest's name : Address: Priest's signature: Parish stamp or seal PART 3 (76 PART 3 (76 Parents/carers from other othe	v.	Parish (or ethnic cha Tel: Date: ministers of other denor I hand this form to their as possible to the schoo	plaincy): minations or faiths) minister or equivalent who l indicated over.

Name of minister:	Denomination/faith:
Parish or faith community:	
Address:	Tel.:
Signed:	Date:

To the parent, carer, priest, minister or other faith leader: Please ensure this form is completed and returned to the school by 13th January 2017 with evidence.