



St. Anne's Catholic Primary School, Durham Street, London SE11 5JA

ST. ANNE'S SUPPLEMENTARY INFORMATION FORM

To be returned to the school in person before the **15th Day of January** (or other date set by LA) in the year before your child is 5 years for School.

Part A. CHILD'S DETAILS

Child's surname name or Family name		
Child's First name or Christian Name		
Male	Female	Date of Birth
Home address		
Post Code		
Borough in which you live:		
Home Telephone No:		
Mobile Nos:		
Religious Denomination		
Date of Baptism		
Place of Baptism		
Parish of Baptism		

DETAILS OF OTHER SIBLINGS WHO WILL BE ATTENDING ST. ANNE'S CATHOLIC PRIMARY SCHOOL AT TIME OF ENTRY

1	Full name			
	Age at last birthday		Brother	Sister
2	Full name			
	Age at last birthday		Brother	Sister
3	Full name			
	Age at last birthday		Brother	Sister

Part B. PARENTS/CARERS DETAILS

Details of Parent(s) or Carer(s) with whom the child lives

Title(please circle)Mr Mrs Miss Ms		Title(please circle)Mr Mrs Miss Ms	
Surname		Surname	
Forename		Forename	
Relationship to child		Relationship to child	
Home telephone		Home telephone	
Work telephone		Work telephone	
Mobile telephone		Mobile telephone	
Religious Denomination		Religious Denomination	
Country of origin		Country of origin	

FOR OFFICE USE ONLY

Child's Name:..... DOB:.....

Part C. PARISH DETAILS**Details of Parish in which you live and regularly worship**

Details of Parish in which you live	
Name of Parish	
Name of Parish Priest	
Address of Parish	
Post Code	Telephone No

If you do not regularly worship in the Parish in which you live please give details of a priest to whom reference may be made regarding your religious practice.

Details of Parish where you regularly worship	
Name of Parish	
Name of Parish Priest	
Address of Parish	
Post Code	Telephone No

FOR ALL APPLICANTS

Enclosed originals:	<i>(please tick accordingly)</i>	FOR OFFICE USE ONLY	
Baptismal Certificate		Checked	
Recent proof of address e.g. Utility Bill * see admissions procedure		Checked	
I have completed the confirmation of religious practice form		Checked	
Signature of parent/carer:	Date:	Signature:	
Common Application Form Completed <input type="checkbox"/>		Date:	
Please print name		Please print name	

PLEASE ATTACH BAPTISMAL CERTIFICATE AND RECENT PROOF OF ADDRESS E.G. UTILITY BILL

This form, when completed, should be returned in person to St. Anne's Catholic Primary School by 15th Day of January (or other date set by LA)

You must also complete an on-line Common Application Form, for the BOROUGH WHERE YOU LIVE for eg www.lambeth.gov.uk/eadmissions, www.southwark.gov.uk/eadmissions, www.wandsworth.gov.uk/eadmissions etc.

FOR OFFICE USE ONLY

I confirm receipt of completed form with attached documents requested.	
Signed:	Date:
Please Print Name	



When you have completed Part A of Confirmation of Religious Practise please pass to your Parish priest to complete Part B.

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CONFIRMATION OF RELIGIOUS PRACTISE

PART A. TO BE COMPLETED BY PARENT:

CHILD'S NAME:..... **DOB:**.....

Title(please circle)Mr Mrs Miss Ms		Title(please circle)Mr Mrs Miss Ms	
Surname		Surname	
Forename		Forename	
Address		Address	
Home Telephone No		Home telephone No	

I/we attend Mass	<i>Please tick accordingly</i>
Every week	
Fortnightly	
Monthly	
Occasionally	
Rarely	
Most Recently Every week	
Most Recently Fortnightly	
Most Recently Monthly	
Not at all	

NOW PLEASE GIVE THIS COMPLETED PART OF THE FORM TO THE PARISH PRIEST OF THE CHURCH IN WHICH YOU REGULARLY WORSHIP

PART B. TO BE COMPLETED BY THE PARISH PRIEST

I CAN CONFIRM THAT THIS FAMILY ATTEND MASS REGULARLY	
Every week	
Fortnightly	
Monthly	
Occasionally	
Rarely	
Most Recently Every week	
Most Recently Fortnightly	
Most Recently Monthly	
Not at all	

Additional Comments

Signature/Name_____

Parish Address_____

Date: _____

Contact Telephone no:_____

Priest should return completed form to school office

Parish Stamp