



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: (eg 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)

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

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

or Sunday at _____ (time)

Parish in which you live (eg Our Lady of the Rosary, Brixton)

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 (eg 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/carers Date: _____

PART 2 (To be completed by the Catholic priest)

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.....