

St Georges Cathedral Catholic Primary School

33 Westminster Bridge Road, London SE1 7JB.

Phone 020 7525 9250



Supplementary Information Form

Please complete and sign the form and return to the school with your [child's baptismal certificate & proof of address.](#) ***

Please note that we will require to see the original documents.

To be completed by all Parents or Carers

Surname of child: _____

Christian name of child: _____ Date of birth: _____

Religion/Denomination:(eg Roman Catholic) _____ Boy ☐ Girl ☐

Date and place of Baptism (if applicable) _____

Parents' names: _____

Parents' religions / denominations: _____

Home address: _____

Postcode: _____

Contact telephone numbers: _____

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

Sunday at _____ (time)

Parish in which you live (eg St. George's Roman Catholic Cathedral) _____

How long have you worshipped there? _____ years. If you have recently moved to the parish please give details of your previous parish _____

Special Circumstances

Are there any special circumstances which give your child's application priority status? If so please complete the box overleaf.

I / we confirm that the information we have given on this form is accurate and truthful:

Signed: _____

Date: _____

Please add here any other information you may feel is relevant to this application:

Names and date of birth of any brothers or sisters in the school:

For school use:

I am satisfied that the child is a baptised Roman Catholic or a Church that is in full communion with Rome: Yes ☐ No ☐

Complete application: Yes ☐ No ☐

Signed: _____

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Parish Reference Form

Surname of child: _____ Boy ☐ Girl ☐

Christian name of child: _____ Date of birth: _____

Religion/Denomination:(eg Roman Catholic) _____ Date and place of Baptism _____

Parents' names: _____

Parents' religions / denominations: _____

Home address: _____

Postcode: _____

Please indicate which Mass you normally attend:

Saturday at _____ (time)

Sunday at _____ (time)

To be completed by Catholic priests only

Parent / Carer

Are the parents known to you? Yes ☐ No ☐

Attendance at Mass weekly ☐

Attendance at Mass once or twice a month ☐

Attendance at Mass less than once a month ☐

How long have the parent(s) attended your Church? _____

Child

Is the child known to you? Yes ☐ No ☐

Attendance at Mass weekly ☐

Attendance at Mass once or twice a month ☐

Attendance at Mass less than once a month ☐

How long has the child attended your Church? _____

Priest's name: _____ Parish(or ethnic chaplaincy) _____

Address: _____ Tel: _____

Priest's signature: _____

Date: _____

Parish stamp or seal

To be completed only by ministers of other denominations or faiths

Parents/carers from other denominations or faiths should hand this form to their minister or equivalent who should complete this section and return it to the school.

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: _____