



St. John's Catholic Primary School

St. Elmo's Road, Rotherhithe, SE16.6SD.

SUPPLEMENTARY APPLICATION FORM

This form should be completed when applying for a place in the Reception Class at St. John's Catholic Primary 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.

PART 1 (To be completed by all parents or carers)

School to which you are applying: _____

Address of school: _____

Surname of child: _____ Date of birth: _____

Child's National Health No: _____

Christian/forename(s) of child: _____

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

Date and place of Baptism (if applicable): _____

Name of current school, nursery or playgroup (if any): _____

Parents' names: _____

Parent National Insurance No: & D.O.B.

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N.I. _____ **D.O.B:** _____

N.I. _____ **D.O.B:** _____

Parents' religions/denominations: _____

Home address: _____

_____ Postcode _____

Contact numbers: Home _____ Work _____ Mother/Father/Carer)

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

or Sunday at _____ (time)

Parish in which you live) _____

Usual place of worship (if different): _____

How long have you worshipped there? _____ years

How often do you attend Mass? weekly 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. (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: _____

THE CHILD'S FULL BIRTH AND BAPTISM CERTIFICATES, CHILD BENEFIT/COUNCIL TAX STATEMENT WILL BE REQUIRED TO PROCESS THE APPLICATION

PART 2 (To be completed by Catholic priests only)

A. For all schools:

I am satisfied that the child is a baptised Catholic

Yes No

B. For schools requiring evidence of practice:

<u>PARENT/CARER</u>	<u>CHILD</u>
Are the parents known to you? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the child known to you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Regular attendance at Mass (i.e. weekly) <input type="checkbox"/>	Regular attendance at Mass (i.e. weekly) <input type="checkbox"/>
Occasional attendance at Mass (i.e. at least once a month) <input type="checkbox"/>	Occasional attendance at Mass (i.e. at least once a month) <input type="checkbox"/>
Irregular attendance at Mass (i.e. less than once a month) <input type="checkbox"/>	Irregular attendance at Mass (i.e. less than once a month) <input type="checkbox"/>
How long have the parent(s) attended your church? _____	How long has the child attended your church? _____

Comment (if appropriate) regarding the points above:

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

The family is not known to me

Name of minister: _____ Denomination/faith: _____

Parish or faith community: _____

Address: _____ Tel.: _____

Signed: _____ Date: _____

Comment (if appropriate) regarding the points above:

To the priest, minister or other faith leader:

Please ensure this form is completed and returned to the school as soon as possible.