

St. Francis Catholic Primary School Friary Road, London SE15 1RQ

Tel: 0207 639 0187

Email: office@stfrancis.southwark.sch.uk

SUPPLEMENTARY INFORMATION FORM

Reception - September 2018
Children born between 1st September 2013 to 31st August 2014 THIS FORM MUST BE RETURNED TO THE SCHOOL OFFICE BY xxxx JANUARY 2018

<u>Please Print Clearly</u>	
Child's Name	Boy Girl
Address	Postcode
Date of Birth	Date of Baptism
Church & City of Baptism	
Full names of Parent/Carer □ or Legal	! Guardian ☐ (please state which)
Phone Numbers (home)	(mobile)(work)
e-mail address	
Name of church you are attending	
How often do you attend Mass? Weekly for	ortnightly once a month a few times a year
Please indicate which Mass you normally attend:	Saturday evening / Sunday at (time)
The section below is to be completed and signed either	er by a Parish Member who can verify evidence of practice and countersigned by the
Priest / Cleric or be signed by the Priest / Cleric alone	2
Parish Members Verification:	
I verify that this family is known to me and the infor-	mation regarding mass attendance is correct.
Signature	Print Name
Priest's name	Parish
Priest's Signature	Tel. No
Date	Church Stamp:
I/We have read and understood the attached Admissi	ons Policy for the school.
Parent's signature	
Please print name	
Please return this form to the school office	TOGETHER WITH ALL DOCUMENTS LISTED BELOW for
photocopying;1)Original Baptismal Certification	icate for your child , 2) proof of address: i.e. recent council tax bill
with at least one parent's name shown, 3)	a utility bill less than 3 months old. Without these documents your
application may be delayed. If your child is	is offered a place at this school, the original short birth certificate
will be required Please note: The school:	traditionally receives a greater number of applications than

there are vacancies. The completion of this form therefore cannot guarantee a place.