

St. Joseph's RC Primary School, George Row, London SE16 4UP

Supplementary Information Form

Note¹ For Reception places, you must also complete and return a Common Application Form (CAF). This form is available from the school and/or Local Authority of the Borough of residence.

Note² If you are using this form to apply for a place in our school Reception classes, the deadline for the submission of this form is the date shown on the Local Authority CAF. Any Supplementary forms received after this date, will be treated as 'Late' applications.

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

Surname of child:		Date of birth:	
Christian/forename(s) of child:			Boy Girl Girl
Religion/Denomination: (e.g. Roman Catholic			
Date and place of Baptism (if applicable):			
Parents' names:			
Parents' religions/denominations:			
Home address:			
		Posto	code
Contact telephone numbers: Home:		Mobile 1:	
Work:			
If Catholic, indicate which Mass you normall	attend:		
Saturday at		Sunday at	(time)
Parish in which you live (e.g. Holy Innocents			
Usual place of worship (if different):			
How long have you worshipped there? years. (If you have recently moved to the parish please give details of your previous parish:			
(if you have recently moved to the parish pie:	se give details of your previous	s pansn:	
How often do you attend Mass?	weekly	once or twice 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 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 (e.g. qualified medical practitioner, education welfare officer, social worker or priest). (Continue on a separate sheet if necessary)			
Please give details of any siblings who will be	a pupil at St. Joseph's School	on time of entry for the above c	hild:
Name:	Class:		Date of birth:
Name:			Date of birth:
I confirm that the information we have give			_
Signed:		Parent/carer	Date:
For school use only:			
Date received:			
Documents received: Bap	ism Certificate □	Proof of address: □	Proof of ID □



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Part 2: Catholic Priest's Declaration Form

PARENT/CARER Is the family known to you? Yes	□ No □	I am satisfied that the child is a baptised Roman Catholic or a Church that is in full communion with Rome.		
Regular attendance at Mass (i.e. weekly)		Yes No No		
Occasional attendance at Mass (i.e. once or twice a month)				
Irregular attendance at Mass (i.e. less than once a month)				
How long have the parent(s) attended your church?				
Please comment, if appropriate, only to clarify the Mass attendance above:				
Priest's name:		Parish (or ethnic chaplaincy):		
Address:		Tel:		
		. •		
Priest's signature:		Date:		
Parish Stamp or Seal:				
PART 3: (To be comp	oleted <u>only</u> by min	isters of other denominations or faiths)		
Non-Catholic parents/carers from other denominations or faiths should hand this form to their minister or equivalent asking them to 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:	ninister: Denomination/faith:			
Parish or faith community:				
		Tel.:		
Signed:		Date:		