

Archdiocese of Southwark  
Supplementary Information And  
Priest's Declaration Form 2015-2016



Please complete and sign the form below and hand it to your parish priest or the parish priest at the church at which you normally worship. He will add his reference and forward the form to the school to which you wish to apply. If you are not a Catholic please hand the form to your minister or equivalent who will add his or her reference. For information about this form, please refer to the School's admission policy page 2

**PART ONE - To be completed by the parents or guardians**

School to which you are applying: \_\_\_\_\_  
Address of School: \_\_\_\_\_

Surname of Child: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Christian / Forename (s) of child: \_\_\_\_\_  
Religion: \_\_\_\_\_ Boy \_\_\_\_\_ or Girl \_\_\_\_\_  
Date and place of Baptism (if applicable): \_\_\_\_\_  
(If Catholic, please show your parish priest or the priest at your normal place of worship, a certificate of baptism in a Catholic church or a certificate of reception into full communion with the Catholic Church or other evidence of baptism.)  
Parents' or carers' names: \_\_\_\_\_  
Parents' or carers' religions: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Contact Numbers:  
Mother/Father/Carer Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_  
Mother/Father/Carer Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

If Catholic, indicate which Mass you normally attend (time): Saturday evening / Sunday at \_\_\_\_\_  
Parish in which you live (eg Holy Innocents, Orpington): \_\_\_\_\_  
Usual place of worship (if different): \_\_\_\_\_  
How long have you worshipped there? \_\_\_\_\_ Years  
How often do you attend Mass? \_\_\_\_\_ Weekly \_\_\_\_\_ once or twice a month \_\_\_\_\_ less often

Details of brothers and sisters in the family who will be St Joseph's primary school at the time of entry.

<u>Name</u>	<u>Date of Birth</u>	<u>Current school (if any)</u>
_____	_____	_____
_____	_____	_____

Please attach on separate piece of paper 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.) Please initial in this box if you have attached information.

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

Signed: \_\_\_\_\_ Parent / Carer Date: \_\_\_\_\_

**PART TWO A - To be completed by the Catholic priest only**

Please circle either yes or know.

Is the family known to you?                      Yes                      No

Please circle the most appropriate statement from the following.

- A) Regular attendance at mass (ie every week).
  - B) Occasional attendance at mass (ie twice per month).
  - C) Irregular attendance at mass ( ie less than once per month).
- Not known.

If you consider there are valid reasons for Mass attendance to be considered equivalent to weekly, because of illness or other reasons, state this below.

I am satisfied that the child is a baptised Catholic / enrolled catechumen   

I am satisfied that the child has been received into full communion with the Catholic Church   

Priest's name : \_\_\_\_\_

Parish (if any): \_\_\_\_\_

Address : \_\_\_\_\_

Telephone : \_\_\_\_\_                      Parish Stamp or seal

Priest's signature: \_\_\_\_\_                      Date : \_\_\_\_\_

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

I confirm that this child / family is known to me and they are committed members of our faith community   

I confirm that this family are members of our faith community   

The family is not known to me   

Name : \_\_\_\_\_                      Signed: \_\_\_\_\_

Position : \_\_\_\_\_                      Parish / Organisation : \_\_\_\_\_

Date : \_\_\_\_\_

Please provide any further information you may feel relevant to this application on a separate sheet

**Instruction to the priest, minister or other faith leader :** Please complete and return this form to:  
The Secretary, St Joseph's Catholic School, Gomm Road, Rotherhithe, London SE16 2TY.  
Do **NOT** return the form to the parents or carers. **This form must be returned by the same date as the CAF form .**