



Archdiocese of Southwark Supplementary Information and Priest's Declaration Form

This form must be completed when applying for a place in a Catholic School in The Archdiocese of Southwark. 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.

PART ONE - To be completed by the parents or guardians

ST JAMES THE GREAT CATHOLIC SCHOOL
School to which you are applying: _____
PECKHAM ROAD. LONDON. SE15 5LP
Address of School: _____

Surname of child: _____	Date of birth: _____
Christian/forename(s) of child _____	
Religion: _____	Boy _____ 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)	
Name of current school, nursery or playgroup (if any): _____	
Parents' or carers' names: _____	
Parents' or carers' religions: _____	
Home address: _____	Postcode _____
Contact numbers: Home _____	Work _____ Mother/Father/Carer _____

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 or sisters on the school roll at the time of admission. (continue on a separate sheet if required)		
Name	Date of birth	
_____	_____	_____
_____	_____	_____

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 (eg qualified medical practitioner, education welfare officer, social worker or priest. (Continue on a separate sheet if necessary).

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

Signed: _____

Parent/carer Date: _____

NB You must also complete and return a Common Application Form (available from schools and Local Education Authorities)

Name: _____

PART Two A - To be completed by the Catholic priest only

Is the family 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 every Saturday evening or Sunday)	<input type="checkbox"/>		Regular attendance at Mass (i.e every Saturday evening or Sunday)	<input type="checkbox"/>	
Occasional attendance at Mass (i.e twice a month)	<input type="checkbox"/>		Occasional attendance at Mass (i.e twice 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"/>	
Not Known	<input type="checkbox"/>		Not Known	<input type="checkbox"/>	

Please comment, if appropriate, to clarify the Mass attendance above.

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: _____ Tel.: _____

Priest's signature: _____ Parish stamp or seal

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 indicated over

PART Two B - To be completed only by a minister or equivalent

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: _____ Date: _____

Position: _____ Parish or organisation: _____

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