



St. Boniface RC Primary School
 Undine St., Tooting SW17 8PP
 020 8672 5874
Supplementary Information Form



This form should be completed when applying for a place at St Boniface School. Please complete part one of the form below and, if you are a Catholic, you will need to make an appointment with your parish priest or the parish priest at the church at which you normally worship. You may need to bring your child's Baptismal certificate with you. The Priest will add his reference in part two and return it to you to sign and give to the school. If you are not a Catholic, please hand the form to a minister or equivalent who will add his or her reference in part 3. Sign the declaration and return to St Boniface School by the closing date.

PART ONE

Surname of child: _____ Christian/forename: _____

Religion: _____ Date of Birth: _____

Place of Baptism: _____ Date of Baptism: _____

Mother's or Carer's name: _____ Religion: _____

Father's or Carer's name: _____ Religion: _____

Home address: _____
This must be the address where the child normally lives:

_____ Postcode _____

Contact telephone number: _____ (Mother/Father/Carer)

If Catholic, please indicate which Mass you normally attend (day and time):

Saturday at _____(time) Sunday at _____(time)

Parish in which you live : (eg St Boniface, Tooting) _____

Usual place of worship: _____

How long have you worshipped there? _____years *If less than 3 years worship at this parish, please provide evidence of worship from your previous parish with this application.*

How often do you attend Mass?	Regularly	(i.e. every Saturday evening or Sunday for a period of at least three years)	<input type="checkbox"/>
	Occasionally	(i.e. twice a month or those who may now be practising regularly but cannot provide evidence of regular practice over a three year period)	
	Irregularly	(i.e. less than once a month)	

Details of Siblings
 If your child already has an older brother or sister attending St Boniface, who will still be on roll in September of the next academic year, please give details below: Names: _____

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)

PART TWO – to be completed by the Parish Priest of the parish you normally attend

I am satisfied that the child is a baptised Roman Catholic or a church that is in full communion with Rome.	YES	NO
Is the family known to you?	YES	NO
<i>Please indicate which statement best describes the practice of the family:</i>		
• Regular attendance at Mass (i.e. every Saturday evening or Sunday for a period of at least three years)	<input type="checkbox"/>	
• Occasional attendance at Mass (i.e. twice a month or those who may now be practising regularly but cannot provide evidence of regular practice over a three year period.)	<input type="checkbox"/>	
• Irregular attendance at Mass (i.e. less than once a month)	<input type="checkbox"/>	
• Unknown attendance at Mass	<input type="checkbox"/>	
How long have the parent(s) attended your church?		
Can you verify the details regarding practice as stated by the family in Part 1 box 3? If period of worship is less than three years at this parish, please advise that evidence of previous practice is required to be submitted with this form.	YES	NO
<i>Please comment, if appropriate only to clarify the Mass attendance above;</i>		
Name of Priest: _____ Name of Parish: _____ (or Ethnic Chaplaincy)		
Address _____		
Telephone: _____		
Signature of Priest: _____ Parish Stamp or Seal:		
Date: _____		

PART THREE - to be completed only by ministers of other denominations or faiths

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.

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: _____

To be completed by Child's Parent/Guardian

- I have received, read and understood the full details of the admission policy published in the school prospectus.
- I have read and agreed the contents of the Parish Priest's /Minister's reference (Part 2 /Part 3)

(If you are submitting a form without a Priest's or Minister's reference, please provide a covering letter with reasons why.)

- I agree that the information on this form is true and accurate. I understand that any false or deliberately misleading information given on this form may render this application invalid, or lead to the offer of a place being withdrawn.

If you are unsure about any part of this form and or application process speak to the Headteacher before signing and submitting this form.

Signature _____ Parent/Carer Date: _____