

**St Mary's Catholic Primary School
Supplementary Information Form 2024-2025**

This form should be completed when applying for a place in a Catholic School in the Archdiocese of Southwark. Please complete and sign the form below and, if you are Catholic, hand it to your parish priest or the parish priest at the church at which you normally worship. He will add his reference in Part 2. If you are not a Catholic, please just complete Part 1 of the form. **Please return this completed form to St Mary's Catholic Primary School by 15 January 2024**

NB YOU MUST ALSO MAKE AN ON-LINE APPLICATION VIA YOUR LOCAL AUTHORITY'S WEBSITE BY 15TH JANUARY 2024.

PART 1 (To be completed by all parents or carers)	
SURNAME OF CHILD: _____ CHRISTIAN/FORENAME(S) OF CHILD: _____	
DATE OF BIRTH: _____	
RELIGION/DENOMINATION: (EG ROMAN CATHOLIC) _____	
BOY <input type="checkbox"/> GIRL <input type="checkbox"/>	
DATE AND PLACE OF BAPTISM (IF APPLICABLE): _____	
PLEASE ATTACH A COPY OF YOUR CHILD'S BAPTISM CERTIFICATE TO THIS FORM, IF APPLICABLE	
DOES YOUR CHILD ALREADY HAVE A SIBLING AT ST MARY'S? YES/NO:	
NAME OF SIBLING: _____ CLASS: _____	
PARENTS' NAMES: _____	
PARENTS' RELIGIONS/DENOMINATIONS: _____	
HOME ADDRESS: _____ _____	
POSTCODE: _____	
CONTACT NUMBERS: HOME: _____ WORK: _____	
IF CATHOLIC, INDICATE WHICH MASS YOU NORMALLY ATTEND:	
SATURDAY AT _____ (TIME) OR SUNDAY AT _____ (TIME)	
PARISH WHERE YOU ATTEND MASS (EG ST. EDMUND'S, ST MARK'S, HOLY ROSARY) : _____	
USUAL PLACE OF WORSHIP (IF DIFFERENT): _____	
HOW LONG HAVE YOU WORSHIPPED THERE? _____ YEARS	
HOW OFTEN DO YOU ATTEND MASS? <input type="checkbox"/> WEEKLY <input type="checkbox"/> AT LEAST ONCE A MONTH <input type="checkbox"/> LESS OFTEN	
I CONFIRM THAT THE INFORMATION GIVEN ON THIS FORM IS ACCURATE AND TRUTHFUL:	
Signed: _____ Parent/Carer Date: _____	

PART 2
(To be completed by Catholic priests only)

I am satisfied that the child has been baptised or received into the Roman Catholic Church or has been baptised or received into a Church that is in full communion with Rome.

Yes No

EVIDENCE OF PRACTICE

<u>PARENT/CARER</u>		<u>CHILD</u>	
Are the parents 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. weekly)	<input type="checkbox"/>	Regular attendance at Mass (i.e. weekly)	<input type="checkbox"/>
Occasional attendance at Mass (i.e. at least once a month)	<input type="checkbox"/>	Occasional attendance at Mass (i.e. at least once 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"/>

PRIEST'S NAME: _____

PARISH (OR ETHNIC CHAPLAINCY): _____

ADDRESS: _____

TEL: _____

PRIEST'S SIGNATURE: _____

DATE: _____

PARISH STAMP OR SEAL: