



**Archdiocese of Southwark
Supplementary Information Form**

ST PETER CHANEL CATHOLIC PRIMARY SCHOOL

This form should be completed when applying for a place in at St Peter Chanel Catholic Primary School, Baugh Road, Footscray, Sidcup, Kent, DA14 5ED in the Archdiocese of Southwark. Please complete and sign the form below and, if you are Catholic, complete part 2 A overleaf, 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 B 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 in Part 3. The form **must** then be returned to the school as soon as possible.

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

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

Surname of child: _____ Date of birth: _____

Christian/forename(s) of child: _____

Religion/Denomination: (e.g. Roman Catholic) _____ Boy Girl

Date and place of Baptism (if applicable): _____

Parents' names: _____

Parents' religions/denominations: _____

Home address: _____

_____ Postcode _____

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

Parish in which you live (e.g. St Lawrence of Canterbury, Sidcup) _____

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 Catholic, how often do you attend Mass?

<u>PARENT/CARER</u> <input type="checkbox"/> every week	<u>CHILD</u> <input type="checkbox"/> every week
<input type="checkbox"/> most weeks (3 out of 4)	<input type="checkbox"/> most weeks (3 out of 4)
<input type="checkbox"/> some weeks (2 out of 4)	<input type="checkbox"/> some weeks (2 out of 4)
<input type="checkbox"/> occasionally (1 out of 4)	<input type="checkbox"/> occasionally (1 out of 4)
<input type="checkbox"/> seldom	<input type="checkbox"/> seldom

Details of child's siblings currently attending St Peter Chanel Catholic Primary School (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 (e.g. qualified medical practitioner, education welfare officer, social worker or priest). **(Continue on a separate sheet if necessary)**

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

Signed: _____ Parent/carers

Date: _____

PART 2 (To be completed and signed by Catholic priests only)

A I am satisfied that the child is a baptised Catholic Yes No

PARENT/CARER <input type="checkbox"/> every week	CHILD <input type="checkbox"/> every week
<input type="checkbox"/> most weeks (3 out of 4)	<input type="checkbox"/> most weeks (3 out of 4)
<input type="checkbox"/> some weeks (2 out of 4)	<input type="checkbox"/> some weeks (2 out of 4)
<input type="checkbox"/> occasionally (1 out of 4)	<input type="checkbox"/> occasionally (1 out of 4)
<input type="checkbox"/> seldom	<input type="checkbox"/> seldom

B I am satisfied that the child is a baptised Catholic or is in full communion with the Catholic Church Yes No

Are the parents/carers known to you? Yes No Is the child known to you? Yes No

Please comment, if appropriate, **only** to clarify the Mass attendance above:

Priest's name: _____ Parish (or ethnic chaplaincy): _____

Address: _____ Tel.: _____

Parish stamp or seal

Priest's signature: _____

Date: _____

PART 3 (To be completed only by ministers of other denominations or faiths)

Non-Catholic 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.

PARENT/CARER <input type="checkbox"/> every week	CHILD <input type="checkbox"/> every week
<input type="checkbox"/> most weeks (3 out of 4)	<input type="checkbox"/> most weeks (3 out of 4)
<input type="checkbox"/> some weeks (2 out of 4)	<input type="checkbox"/> some weeks (2 out of 4)
<input type="checkbox"/> occasionally (1 out of 4)	<input type="checkbox"/> occasionally (1 out of 4)
<input type="checkbox"/> seldom	<input type="checkbox"/> seldom

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.: _____

Parish stamp or seal

Signed: _____ Date: _____

Instructions to the priest, minister or other faith leader:
Please ensure this form is completed and returned to
The Secretary at ST PETER CHANEL CATHOLIC PRIMARY,
Baugh Road, Footscray, Sidcup, Kent DA14 5ED