



Supplementary Information Form
St Joseph's Catholic Primary School,
Old Road, Crayford, DA1 4DZ



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.

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, but a member of a faith community, please hand the form to your priest, minister or faith leader who will add his or her reference in Part 3.

If you are not a member of any faith community, please just complete boxes, 1, 2 and 3, sign and return to the school office.

Note: You must also complete and return a Common Application Form (available from the school and/or your Local Authority)

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

Surname of Child:		Date of Birth: / / 20....
Christian/forename(s) of child:		Boy <input type="checkbox"/> Girl <input type="checkbox"/>
Does your child have a sibling in this School at the time of admission?:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Denomination: (e.g. Roman Catholic)		
Date of Baptism: (if applicable) / / 20....	Place of Baptism:	

Full name: (Mother/Guardian):		Full name: (/Father/Guardian)	
Religion/denomination:		Religion/denomination:	
Home Address:			
.....		Postcode:	
Home Tel:		Home Tel:	
Mobile/Work Tel:		Mobile/Work Tel:	
Email:		Email:	

If Catholic, indicate which Mass you normally attend:	Saturday at (time) or Sunday at (time)
Parish in which you live (e.g. St Mary of the Crays)
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
How often to you attend Mass? (please tick)	<input type="checkbox"/> weekly <input type="checkbox"/> once or twice a month <input type="checkbox"/> less than once a month

Please add here any other information you may feel is relevant to this application in relation to the school's admission policy in respect of:
Your child is Looked After currently by the Local Authority or has been Previously Looked After, your child has previously been in state care outside of England and are now adopted, your child has exceptional medical, social or pastoral needs which 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 we have 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 is a baptised Roman Catholic or a baptised member of a Church that is in full communion with Rome.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>
How long have the parent(s) attended your church?
How long has the child attended your church?

	Please tick one box
Regular attendance at Mass (i.e. weekly)	
Occasional attendance at Mass (i.e. once or twice a month)	
Irregular attendance at Mass (i.e. less than once a month)	

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

Priest's Name	Parish (or ethnic chaplaincy)
.....
Address:	
.....	Postcode:
Tel:	Parish stamp or seal:
Priest's signature:	
Date:	

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

Non-Catholic parents/carers from other denominations or faiths should hand this form to their priest/minister or equivalent asking them to complete the sections below.

I confirm that this family are members of our faith community Yes ☐ No ☐

Name of Minister	Denomination/faith:
.....
Parish or faith community:	
Address:	
.....	Postcode:
Tel:	Parish stamp or seal:
Minister's signature:	(If this is not available, please attach a letter on headed notepaper to confirm details)
Date:	

THIS FORM MUST BE RETURNED TO SCHOOL