



# St. Joseph's RC Primary School, George Row, London SE16 4UP

## Supplementary Information Form

This supplementary application form should be completed and sent directly to the school. This form is in addition to the Application Form that you **MUST** also complete which you send direct or complete on line to the Local Authority by **15 JANUARY 2024**. Completion of a Supplementary Form is not mandatory; however, if one is not received then the Governors will not be able to apply their admission criteria to the application. **Any Supplementary forms received after this date, will be treated as 'Late' applications**

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

Surname of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Christian/forename(s) of child: \_\_\_\_\_ Boy  Girl

Religion/Denomination: (e.g. Roman Catholic) \_\_\_\_\_

Date and place of Baptism (if applicable): \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Parent's religion/denomination: \_\_\_\_\_

Home address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Contact telephone numbers: Home: \_\_\_\_\_ Mobile 1: \_\_\_\_\_  
 Work: \_\_\_\_\_ Mobile 2: \_\_\_\_\_

If **Catholic**, indicate which Mass you normally attend:

Saturday at \_\_\_\_\_ (time) or Sunday at \_\_\_\_\_ (time)

Parish in which you **live** (e.g. The Most Holy Trinity Dockhead) \_\_\_\_\_

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 do you attend Mass?  weekly  two or three times a month  occasionally

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)*

Please give details of any siblings who will be a pupil at St. Joseph's School on time of entry for the above child:

Name: \_\_\_\_\_ Class: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Class: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Parent/carers Date: \_\_\_\_\_

**For school use only:**  
 Date received: \_\_\_\_\_

Documents received: Baptism Certificate  Proof of address:  Proof of ID



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## Part 2: Catholic Priest's Declaration Form

<p><b><u>PARENT/CARER</u></b></p> <p>Is the family known to you?      Yes      <input type="checkbox"/>      No      <input type="checkbox"/></p> <p>Regular attendance at Mass (i.e. weekly)      <input type="checkbox"/></p> <p>Attendance at Mass once or twice a month      <input type="checkbox"/></p> <p>Occasional attendance at Mass (i.e. less than once a month)      <input type="checkbox"/></p> <p>How long have the parent(s) attended your church?      _____</p>	<p>I am satisfied that the child is a baptised Roman Catholic or a Church that is in full communion with Rome.</p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p>
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Please comment, if appropriate, **only** to clarify the Mass attendance above:

  
  

Priest's name: \_\_\_\_\_ Parish (or ethnic chaplaincy): \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Priest's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parish Stamp or Seal:**

### 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 asking them to 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: \_\_\_\_\_

***Instructions to the priest, minister or other faith leader:***  
*Please complete and return this form to School Office at St. Joseph's RC School, George Row, London SE16 4UP.*