



**ST JOHN'S CATHOLIC PRIMARY SCHOOL
ROCHESTER ROAD
GRAVESEND
KENT**

Supplementary Information Form

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 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.

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

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

School to which you are applying: _____

Address of school: _____

Surname of child: _____ Date of birth: _____
(Please enclose copy of birth certificate)

Christian/forename(s) of child: _____

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

Date and place of Baptism (if applicable): _____

Parents' names: _____

Parents' religions/denominations:

Home address: _____

_____ Postcode _____

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

If **Catholic**, indicate which Mass you normally attend: Saturday at _____ (time) or Sunday at _____ (time)

Parish in which you live (e.g. St John's) _____

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 once or twice a month less often

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 we have given on this form is accurate and truthful:

PART 2 (To be completed by Catholic priests only)

A. For all schools:

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

B. For schools requiring evidence of practice:

CHILD

Is the child known to you? Yes No

Attendance at Mass weekly

Attendance at Mass once or twice a month

Attendance at Mass less than once a month

How long has the child attended your church? _____

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

PARENT / CARER

Are the parents known to you? Yes No

Attendance at Mass weekly

Attendance at Mass once or twice a month

Attendance at Mass less than once a month

How long have the parent(s) attended your church? _____

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)

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: _____

Instructions to the priest, minister or other faith leader:

Please complete and return this form to the Clerk to the Governors at the Catholic school indicated overleaf.