## St. Anthony's RC Primary School



## Supplementary Information Form

This form should be completed when applying for a place at 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 at the church where you normally worship. He will add his reference in part 2. 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 your Local Authority)

Please complete and return this form (with a copy of your child's full birth certificate) to St Anthony's RC primary School

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

| School to which you are applying: St Anthony's RC Primary School          |  |  |  |  |  |  |
|---------------------------------------------------------------------------|--|--|--|--|--|--|
| Address of School: Genoa Rd, Anerley, London SE20 8ES                     |  |  |  |  |  |  |
| Surname of child: Date of birth:                                          |  |  |  |  |  |  |
| Christian/forename(s) of child:                                           |  |  |  |  |  |  |
| Religion/Denomination: (e.g. Roman Catholic)                              |  |  |  |  |  |  |
| Gender: Male or Female                                                    |  |  |  |  |  |  |
| Date and place of Baptism (if applicable):                                |  |  |  |  |  |  |
| Please provide the school with a copy of your child's Baptism certificate |  |  |  |  |  |  |
| Parents' names: Mother                                                    |  |  |  |  |  |  |
| Father                                                                    |  |  |  |  |  |  |
| Parents' Religion/Denomination: Mother                                    |  |  |  |  |  |  |
| Father                                                                    |  |  |  |  |  |  |
| Home Address:                                                             |  |  |  |  |  |  |
|                                                                           |  |  |  |  |  |  |
| Postcode                                                                  |  |  |  |  |  |  |
| Contact Telephone Numbers:                                                |  |  |  |  |  |  |
|                                                                           |  |  |  |  |  |  |
|                                                                           |  |  |  |  |  |  |
|                                                                           |  |  |  |  |  |  |
|                                                                           |  |  |  |  |  |  |

| If Catholic, indicate which Mass you normally attend: Saturday at(time)             |            |              |          |  |  |  |
|-------------------------------------------------------------------------------------|------------|--------------|----------|--|--|--|
| Parish in which you live                                                            |            | Or Sunday at | (time)   |  |  |  |
|                                                                                     |            |              |          |  |  |  |
|                                                                                     |            |              |          |  |  |  |
| Usual place of worship (ifdifferent):                                               | :          |              |          |  |  |  |
| 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 |              |          |  |  |  |
|                                                                                     |            |              |          |  |  |  |
|                                                                                     |            |              |          |  |  |  |
| I confirm that the information we have given on this form is accurate and truthful: |            |              |          |  |  |  |
| Signed:                                                                             |            | Pare         | nt/Carer |  |  |  |
| Date:                                                                               |            |              |          |  |  |  |

Please provide a copy of any baptismal or dedication certificate

## PART 2 (To be completed by Catholic priests only

| I am satisfied that the child is a baptised Roman Catho full communion with Rome | olic or has been baptised in a church that is in |  |  |  |  |  |
|----------------------------------------------------------------------------------|--------------------------------------------------|--|--|--|--|--|
| Yes: No:                                                                         |                                                  |  |  |  |  |  |
| Family Is the family known to you?                                               |                                                  |  |  |  |  |  |
| Yes No                                                                           |                                                  |  |  |  |  |  |
| Attendance at weekly Mass                                                        |                                                  |  |  |  |  |  |
| Attendance at Mass once or twice a month                                         |                                                  |  |  |  |  |  |
| Attendance at Mass, less than once a month                                       |                                                  |  |  |  |  |  |
| How long have the parents Attended your church?                                  |                                                  |  |  |  |  |  |
| Priest's name(please print):                                                     | ·<br>                                            |  |  |  |  |  |
| Parish:                                                                          |                                                  |  |  |  |  |  |
| Address:                                                                         |                                                  |  |  |  |  |  |
| Telephone:                                                                       |                                                  |  |  |  |  |  |
|                                                                                  | Parish Stamp:                                    |  |  |  |  |  |
| Priest's signature:                                                              |                                                  |  |  |  |  |  |
| Date:                                                                            |                                                  |  |  |  |  |  |
|                                                                                  |                                                  |  |  |  |  |  |
| PART 3 (To be completed only by ministers of other denominations or faiths)      |                                                  |  |  |  |  |  |
| I confirm that this family are members of our faith comm                         | munity                                           |  |  |  |  |  |
| The family is not known to me(please tick as applicable)                         |                                                  |  |  |  |  |  |
| Name of minister (please print)                                                  |                                                  |  |  |  |  |  |
| Denonination/Faith:                                                              |                                                  |  |  |  |  |  |
| Address:                                                                         |                                                  |  |  |  |  |  |
| Is the Church a member of "Churches Together in Eng                              | land" Yes No                                     |  |  |  |  |  |
| Signed:                                                                          | Date:                                            |  |  |  |  |  |