

St Thomas a Becket School

Mottisfont Site
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www.stthomasabecketsch.org.uk

SUPPLEMENTARY INFORMATION FORM - PART 1

CHILD'S DETAILS											
Is the child looked (Please circle)	d after?	YES	NO	NO OR Previous		sly looked after?		Υ	es	No	
Surname or family											
Name of child:					Known as:						
Date of Birth:					MALE			FEMALE			
Home address of											
		Postcode			de:						
RELIGIOUS DENG											
(eg. Roman Catho											
Date and Parish o	Date and Parish of Baptism (if applicable):										
If Catholic, please indicate which Mass you normally attend (day, time):											
Current school/nursery (if any):											
Telephone numbe											
PARENT/CARE	Details of pe	rson with	whom th	ne child live	es which will	be included	d on the	school	record		
	PARENT/CARER										
Title (please circle):	Mr	Mrs	Mi	ss	Ot	her					
Surname:											
First name:											
Contact tel:											
SIBLINGS AT SCHOOL AT TIME OF ADMISSION											
Full name:											
Date of birth:							Class:				
Full name:											
Date of birth:							Class:				
PARENT/CARER SIGN I confirm that the information form is accurate and truth						DATE:					











<u>PART 2</u> (To be	e completed by (atholic prie	sts only afte	er t	the chil	d's thir	d bir	thday)		
TO BE COMPL	ETED	BY PARISH PRIES	г								
Are the parents	s know		Yes				No				
Is the child known to you?				Yes				No			
Mass attendanc	Mass attendance:			Weekly			Monthly		Less often		
How long have	the fa	mily attended your	church?								
Any further relevant information: Parish seal/stamp											
Priest's name:								:			
Address:											
Postcode:							Tel:				
Signature:											
PART 3 (To be	e completed by p	riests/minis	sters of othe	er f	aiths)					
PRIEST/PASTO	R/MII	NISTER OF OTHER	FAITHS								
Is the family known to you?							No				
Name of minis	ster:	r: Denom				ination/faith:					
Parish or faith community:											
Address:		-					Tel:				
Signature:							Date:				
Any further relevant information:							Sta	amp/s	seal		
					_						
	St	Please ensure Thomas a Bed									
FOR OFFICE	USE	-									
Enclosed - copy of birth certificate								C	Checked		
Enclosed - copy of Baptismal certificate								-	Checked		
Enclosed - copy of proof of address I have submitted the Greenwich/Bexley schools eAdmissions on-line application							-	Checked			
I have submitte	d the					-			Checked		
Signed: Office St Thomas a Becket RC Primary Date:											
Office, St Thomas a Becket RC Primary											