

## St. Ursula's Convent School A HUMANITIES COLLEGE AND TEACHING SCHOOL

## **Supplementary Form - Information about Religious Practice**

This must be completed and returned to the school in order to complete your application

Section A: To be completed by the parent/carer

Section B: To be completed by the Priest

The completed form must be returned to the school by 31 October 2019. It is recommended that you submit your form before the half-term holiday.

## **SECTION A:**

1 Child's details:					
Surname:					
Christian name(s):					
Home address:					
Postcode:					
Date of birth:					
Date of baptism:					
2 Details of pare	nt/carer:				
Surname:					
Christian name(s):					
Home address (if diffe	rent from above):				
	Postcode:				
Daytime telephone number:					
Email Address:					

(from Sept	ember 2020	))?					
Full name:				Class	:		
Please stat		lenomination ea		llowing belong	gs (for example,	Roman	
Child:				·			
Parent/car	er:			·			
When givir	•	of a parish, ple	_		he church. For e Saviour's, Lewish	-	
Name of p	arish:						
Address:	-						
Name of P	arish Priest:						
Name of th	ne priest to v	whom you are k	nown:				
How long h	nave you att	ended?		years	month	าร	
With whor	n does the c	hild attend Mas	s?				
6 Att	endance at	the 'Mass of Su	nday'				
(Please cire	cle the one v	which applies to	you)				
	Weekly	Fortnightly	Three weekly	Monthly	Occasionally	Never	
Child	Has this pattern of attendance been followed for at least three years? Yes / No						
	T		,		ı		
	Weekly	Fortnightly	Three weekly	Monthly	Occasionally	Never	
Parent/ carer	Has this pattern of attendance been followed for at least three years? Yes / No						
Signed:				Date:			

<b>SECTION B:</b>	
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TΩ	he comp	leted h	v the Priest	and returne	d to the sc	hool by the	31 Octobe	r 2019
10	DE COMP	יובנבט טי	ע נווכ דווכטנ	and returne	iu iu ine sc	אווט עט וטטווג	2 OT OCTORE	ı ZUIJ.

riest's reference
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Dear Reve	rend Father,						
to be adm Catholic f Governors	amilies and take into ac	rsula's Conven children. In i	nterpreting cy of attenda	Catholic con	is given to commi mmitment and p s. We would be gr	ractice, the	
Please circ	cle all which a	pply:					
The child i	s known to m	ne	Yes		No		
The paren	t/carer is kno	wn to me	Yes		No		
Attendand	Weekly	ss of Sunday'  Fortnightly	Three	Monthly	Occasionally	Never	
Child	Has this pattern of attendance been followed for at least three years?  Yes / No					s?	
	Weekly	Fortnightly	Three weekly	Monthly	Occasionally	Never	
Parent/ carer	Has this pattern of attendance been followed for at least three years?  Yes / No						
Please cor	nment only to	o clarify Mass a	nttendance al	bove.			
Your name	e:						
Parish:							
Tel no:							
Signature:							
Please add	d the Parish st	tamp/seal.					