

**ST MARGARET CLITHEROW RC SCHOOL  
SUPPLEMENTARY INFORMATION FORM**

**Part A. CHILD'S DETAILS**

Child's Surname or Family name			
Child's First name or Christian Name			
Date of Birth	Boy	Girl	
Home address			
Post Code		Home Borough	
Home Telephone No:			
Mobile Nos:			
Religious Denomination			
Date of Baptism			
Place of Baptism			
Parish of Baptism			

**Part B. PARENTS/CARERS DETAILS**

Details of Parent(s) or Carer(s) with whom the child lives

Title(please circle)Mr Mrs Miss Ms		Title(please circle)Mr Mrs Miss Ms	
Surname		Surname	
Forename		Forename	
Relationship to child		Relationship to child	
Home telephone		Home telephone	
Work telephone		Work telephone	
Mobile telephone		Mobile telephone	
Religious Denomination		Religious Denomination	

**Part C. PARISH DETAILS**

<p>If <b>Catholic</b>, indicate which Mass you normally attend: Saturday_____ (time) Sunday_____ (time)</p>
<p><b>Parish in which you live</b></p>
<p><b>Usual place of worship (if different)</b></p>
<p>How long have you worshipped there? _____ years. If you have recently moved to the parish please give details of your previous parish.</p>

Please add here any other information you may feel is relevant to this application in relation to the school's admission 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 (eg qualified medical practitioner, education welfare officer, social worker or priest. (Continue on separate sheet if necessary.)

**FOR ALL APPLICANTS**

I have attached;	<i>(please tick accordingly)</i>	<b>FOR OFFICE USE ONLY</b>	
Copy of Baptismal Certificate		Checked	
Copy of Birth Certificate		Checked	
I have completed the confirmation of religious practice form		Checked	
Common Application Form Completed <input type="checkbox"/>	Signature: Date:		
Please print name	Please print name		

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

Signed.....Parent/carers      Date.....

This form, when completed, should be returned in person to St Margaret Clitherow Primary School with the evidence requested above.

**FOR OFFICE USE ONLY**      Child's Name.....Date of Birth.....

I confirm receipt of completed form with attached-Baptismal Certificate & Mass Attendance Form	
Signed:	Date:
Please Print Name	

*Please complete Part A and pass to your Parish Priest when completed.*

St Margaret Clitherow Primary School, Cole Close, Thamesmead, SE28 8GB

## CONFIRMATION OF RELIGIOUS PRACTISE

### PART A. TO BE COMPLETED BY PARENT:

CHILD'S NAME: .....

DOB: .....

Title(please circle)Mr Mrs Miss Ms	
Surname	
Forename	
Address	

I/we attend Mass	<i>Please tick accordingly</i>
Weekly (Every week)	
Fortnightly (Every two weeks)	
Monthly (Once a month)	
Occasionally (less than once a month)	
Not at all	

**NOW PLEASE GIVE THIS COMPLETED FORM TO THE PARISH PRIEST OF THE CHURCH  
AT WHICH YOU REGULARLY WORSHIP**

### PART B. TO BE COMPLETED BY THE PARISH PRIEST

**I AM SATISFIED THAT THE CHILD IS A BAPTISED CATHOLIC** YES ☐ NO ☐

**OR A MEMBER OF A CHURCH THAT IS IN FULL COMMUNION WITH ROME**

Weekly (Every week)
Fortnightly (Every two weeks)
Monthly (Once a month)
Occasionally (less than once a month)
Not at all

If you consider there are valid reasons for Mass Attendance to be considered equivalent to weekly, because of illness or other reasons, please state below.

Signature/Name\_\_\_\_\_

Parish Address\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

*Completed form to be returned to the school office*

**Parish Stamp**