



St Cuthbert's Catholic Primary School

Supplementary Information Form For admission in 2016 – 2017

This form should be completed when applying for a place at St Cuthbert's Catholic Primary School.

ALL applicants should complete Part 1 and Part 4 (and Part 5, if applicable).

Catholic applicants should also complete Part 2A and then hand it to the nominated parish clergy representative* for him to complete Part 2B. He will return the form to the school. (*see parish newsletter for details <http://parishofegham.org>)

If you are not a Catholic but a member of another Christian denomination or from another faith, please also complete part 3A and then hand the form to your minister/faith leader who will add his/ her reference in Part 3B before returning the form to you.

NOTE: While it is not mandatory to complete a Supplementary Information Form (SIF), if the school does not receive a completed SIF, it is likely that governors will only be able to rank the application within the last oversubscription criterion.

You must also complete and return a Common Application Form (available from & returnable to the Local Authority)

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

Name of school to which you are applying: _____
 Address of school: _____
 Surname of child: _____ Forename(s) of child: _____
 Child's date of birth: _____ Boy Girl
 Child's home address *: _____
 _____ Postcode _____
 Parent/Carer's Name: _____ Parent/Carer Contact Tel: _____
 Any siblings who will be attending the school at the time of admission?: _____

Faith Declaration:
 - If your child is a member of the Catholic Church or another denomination or faith, please complete either A) or B) below, as appropriate
 - If neither A) or B) applies to your child, please go straight to Part 4 of this form.

A) I confirm the child is a member of the Catholic Church? Yes
 Date and place of Baptism (or Reception into Church if applicable): _____ If 'yes', now go to Part 2A

OR

B) I confirm the child is a member of another denomination/ faith? Yes Which denomination/faith? _____
 Date and place of Baptism/Dedication (if applicable): _____ If 'yes', now go to Part 3A

* This should be a residential property that is your child's only or main residence at which your child spends the majority of weekday nights. (see note in admission policy).

PART 2A (To be completed by CATHOLIC APPLICANTS)

Mass normally attended: Saturday evening vigil at: _____ (time) or Sunday at: _____ (time)
 Parish in which you live (e.g. St Xxxx, X Town) _____ Usual place of worship (if different): _____
 How long have you worshipped there? _____ years.
 If you've recently moved to the parish please give details of your previous parish _____

How often do you attend Mass? Weekly or at least 3 times/month Once or twice a month Less than once a month Do not attend

Instruction to parent/carer: Please complete Part 2A and pass to the clergy where the family worships as soon as possible

PART 2B (To be completed by CATHOLIC CLERGY ONLY)

I am satisfied that the child is a baptised Catholic (or where applicable), has been received into the Church Yes No

Evidence of practice:

PARENT/CARER	
Is the parent/carer known to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Attendance at Sunday Mass weekly or at least 3 times/month	<input type="checkbox"/>
Attendance at Sunday Mass once or twice a month	<input type="checkbox"/>
Attendance at Sunday Mass less than once a month	<input type="checkbox"/>
How long has the parent/carer attended your church? ____	
Does not attend Sunday Mass	<input type="checkbox"/>

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

Priest/Deacon name: _____ Parish (or ethnic chaplaincy): _____ Tel: _____

Address: _____

Priest's/Deacon's signature: _____ Parish stamp or seal: _____ Date: _____

Instruction to the priest/deacon: Please complete Part 2B and return form to: Deacon Aidan Lynch, Church of the Assumption, 91 Harvest Rd, Englefield Green TW20 0QR by 15th January 2016.

PART 3A (To be completed by APPLICANTS of OTHER CHRISTIAN DENOMINATIONS / OTHER FAITHS)

Parish / faith community in which you live: _____
Usual designated place of worship (if different): _____
How long have you worshipped there? _____ years.
If you've recently moved, please give details of your previous parish or designated place of worship _____

Instruction to the parent/carer: Please complete Part 3A and pass to the family's faith leader as soon as possible. He should then return the form to you for submission to the school.

PART 3B (To be completed only by MINISTERS/FAITH LEADERS of OTHER DENOMINATIONS/ FAITHS)

I am satisfied that the child has been baptised/dedicated/become a member of the faith Yes No

Evidence of practice:

PARENT/CARER	
Is the parent/carer known to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How long has the parent/carer attended this designated place of worship?	_____
Does not attend services	<input type="checkbox"/>

Please comment, if appropriate, only to clarify the attendance at services above:

Name of minister/faith leader: _____ Denomination/faith: _____ Tel: _____
Address: _____

Minister/faith leader signature: _____

Date: _____

Instruction to minister/faith leader: Please complete Part 3B and return the form to the applicant.

PART 4 (To be completed by ALL parents or carers)

I confirm that I have completed a Local Authority Common Application Form Yes No

I confirm that I have read and understood the Admissions Policy and have had an opportunity to ask questions about it of the school governors and that the information I have given on this form is accurate and truthful. I understand that I must notify the school immediately if there is any change to these details and that should any information I have given prove false, the governors may withdraw any offer of a place even if the child has already started school:

Signed: _____ Parent/Carer Date: _____

PART 5 (ONLY to be completed by parents or carers where exceptional medical/social needs apply)

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 or social needs of your child that make only this school particularly 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)