



Supplementary Information Form

FOR ADMISSIONS 2016-2017

This form should be completed when applying for a place at St Robert Southwell Catholic Primary School, Horsham

Catholic applicants should also complete Part 2A and then hand it to their priest for him to complete Part 2B. He will return the form to the school.

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

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 *: Parent/Carer's Name: Parent/Carer Contact Tel: Any siblings who will be attending the school at the time of admission?: Faith Declaration: A) I confirm the child is a member of the Catholic Church? B) I confirm the child is a member of another denomination/ faith?

* 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: Sunday at: Parish in which the child lives: Usual place of worship: How often does the child attend Mass? Weekly or at least 3 times/month Once or twice a month Less than once a month Does not attend

Instruction to parent/carers: Please complete Part 2A and pass to the priest where the child worships as soon as possible

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

I am satisfied that the child is a baptised Catholic (or, where applicable, has been received into the Church) Evidence of Practice *Please delete as appropriate:

*I certify that has signed this self declaration form and that the information he/she has given concerning the child's religious practice is accurate to the best of my knowledge.

*I certify that has signed this self declaration form. I have recorded below, under 'comments', any reservations that I may have concerning the accuracy of the information on religious practice.

Priest's name: Parish stamp or seal: Signature: Date: Parish(or ethnic chaplaincy): Phone/contact number:

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

Instruction to priest: Please complete Part 2B and return form by **15 January 2016** to Mrs Hudspith at St Robert Southwell Catholic Primary School

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

Parish / faith community in which the child lives: _____

Usual designated place of worship (if different): _____

If you've recently moved, please give details of the child's previous parish or designated place of worship _____

How often does the Child attend services? Weekly or at least 3 times/month Once or twice a month Less than once a month Does not attend

Instruction to the parent/carer: Please complete Part 3A and pass to the child's faith leader as soon as possible

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

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

Evidence of practice: **Please delete as appropriate:*

*I certify that _____ has signed this self declaration form and that the information he/she has given concerning the child's religious practice is accurate to the best of my knowledge.

*I certify that _____ has signed this self declaration form. I have recorded below, under 'comments', any reservations that I may have concerning the accuracy of the information on religious practice.

Signature: _____ Date: _____

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

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

Address: _____

Minister/faith leader signature: _____ Date: _____

Instruction to faith leader: Please complete Part 3B & return form by **15 January 2016** to Mrs Hudspith at St Robert Southwell Catholic Primary School

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 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)

