

CONFIDENTIAL APPLICATION FOR ADMISSION SUPPLEMENTARY FORM PLEASE RETURN TO SCHOOL BY <u>1 pm on 12th January 2024</u> for consideration for a place in September 2024

YOU MUST ALSO COMPLETE THE CROYDON LOCAL AUTHORITY APPLICATION FORM BY THE DATE SPECIFIED AND RETURN IT DIRECTLY TO THEM.

Child's First Names in full: Child's Surname:
Date of Birth:
Date and Place of Baptism:
Child's Religious Denomination:
Parents Details: Name(s) (in full):
Religious Denomination:
Permanent Address:
Contact telephone numbers:

Names of brothers or sisters who will be on roll at time of entry at **St. Mary's Catholic Infant School** (those currently in Reception or Year 1) or at St. Mary's Catholic Junior School (those currently in Years 3, 4 or 5).

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Year Group(s):

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 adoption or a child in care, or exceptional medical, social or pastoral needs of the child that make only this school 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 overleaf or on a separate sheet if necessary.

St. Mary's Catholic Infant School Bedford Park, Croydon, CR0 2AQ Tel: 020 8688 2891 Fax: 020 8688 5955 Email: admin@st-marys-inf.croydon.sch.uk Head of School: Miss V Mitchell For Catholic Applicants

For Catholic Applicants
Church Details: Name and address of Church the Parent / carer and child usually attends:
Name of Priest you wish to provide your reference:
How long have you and your child been attending this Church?
If less than three years, please give details of previous parish of attendance
Please indicate the time of the Mass you and your child usually attend:
Irregularly (once a month or less) Never
Comment (if appropriate) regarding the above

Priest's Reference Form (To be completed by Catholic Priests only) (The Governing Body will use this reference to confirm attendance at Mass)

If your family attends more than one parish, please ask a priest from each Parish to submit a reference, officially stamped.

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The Parent(s)/car	er is known to me YES	NO		The child is known to me YES		NO	

I am satisfied the child is a baptised	l Roman	Catholic or a ba	ptised member	of a Church	that is in full
communion with Rome YES	NO 🗌		-		

If no, are the parents	/ carers and child enrolled in a RCIA /	/ RCIC programme? YES		NO
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I can confirm the following Mass attendance (please tick relevant boxes)

	Parent / carer	Child
Weekly and Holy Days		
Three times a month		
Fortnightly		
Irregular (once a month or less)		
Never		
How long attending this church		

Comment (if appropriate) **only** to clarify the Mass attendance above

Priest's name:	 Parish (or chaplaincy):	

Address: ____

Parish stamp or seal

Application for Admission

Tel.:_

Priest's signature:	Date:
For those of other faiths: RELIGI	ON

Minister or Faith Leader's Reference Form (The Governing Body will use this reference to confirm the parent / carer and child's religious commitment)

To be completed only by ministers of other denominations or faiths
Child:
I can confirm that this parent / carer and child are members of our faith community
This parent / carer and child are not known to me
Comment (if appropriate) regarding the points above:
Minister / Faith Leader's name:Denomination/faith:
Parish or faith community:
Address: Tel:
Parish or official stamp or seal
Minister / Faith Leader's signature:Date:

WITH THIS REGISTRATION PLEASE SUBMIT YOUR ORIGINAL

CHILD'S BAPTISM CERTIFICATE

A UTILITY BILL dated within last three months If applicable Documentary evidence of Reception into the Church or Ordinariate Official documentation relating to Adoption or Fostering

Data Protection Act 1984 – personal data entered on this form may be held on computer files.

If any of the information on this form changes before you are notified of the outcome of your application please inform the school's Admission Secretary in writing immediately. If you fail to do so, or if you provide information that is found to be deliberately inaccurate or misleading, the school reserves the right to withdraw the offer of a place.

Forms received after the closing date will be treated as late applications. Late applications received before the governors meet to rank applicants will be ranked after all timely applications. Those received after the governors rank applications will be dealt with after decisions have been made on and, if necessary, appeals heard in relation to timely applications.

I have read the Admissions Policy for the school and understand that a place at the school is not guaranteed until I receive a definite offer of a place from Croydon Council in April 2019, on behalf of the school.

I understand that a place in St. Mary's Nursery Class does not entitle, guarantee or indicate that a place may be offered in the Infant School.

I note that the Governors reserve the right to seek verification of any information given on this form. I certify that the information on this form is correct.

CHILD'S NAME: Date of birth:

Parent / Carer signature: Date:

FOR OFFICE USE ONLY Year Group applied for:

Child's place / date of Baptism Verified: Sibling(s):	
Proof of address dated within last 3 months:	
Other information:	
Date and time of Receipt:	Received by:

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CONFIRMATION OF RECEIPT OF APPLICATION FORM FOR

CHILD		DOB
Year applied for:	Date of Receipt:	Time:
Application form and sight of original docum	ents as indicated above received by:	
On behalf of St. Mary's Catholic Infant Schoo	l, Bedford Park, Croydon, CR0 2AQ	

General Data Protection Regulation: The school is registered for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority, the Diocese and with the DFE. Further details can be found on our Privacy Notice on the website or via the school office.