



# St Mary's Catholic Primary Schools Trust



ST MARY'S CATHOLIC JUNIOR SCHOOL, SYDENHAM ROAD, CROYDON, CR0 2EW

Cover Sheet

2018-2019

If any of the information given on this form changes before you are notified of the outcome of the application, you **must** inform the Admissions Committee **IN WRITING** immediately. Failure to do so may prejudice the application.

If you would like help in completing this form or with translations of the questions please do not hesitate to contact the school office and this will be arranged.

All information given is strictly confidential and will only be seen by the Admissions Committee and your nominated Priest. In the event of an appeal it will be released to the independent appeal panel.

**This application form must be returned to the School as soon as possible.**

## PLEASE USE BLOCK CAPITALS

### Applicants Details

Child's Surname	
Child's First Name(s)	
Male/ Female	
Date of Birth	
Home Address (this must be the address where the child normally lives) Including Postcode	
Name of Borough	

Date form received (office use only)	
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### FOR OFFICE USE ONLY

<input type="checkbox"/>	Original Baptismal Certificate / Copy of Baptism Certificate certified by Priest/ Proof of reception into the Catholic Church by a Catholic Priest (certificate)
<input type="checkbox"/>	Recent Utility Bill or Proof of Address (dated within the last three months)
<input type="checkbox"/>	Proof of Guardianship /Carer



ST MARY'S CATHOLIC JUNIOR SCHOOL, SYDENHAM ROAD, CROYDON, CR0 2EW

*Supplementary Information Form*

This is a form of application, and admission is subject to the Governors' decision and to the availability of places at the appropriate time. Information supplied may be used for registered purposes under the terms of the Data Protection Act 1984.

Please complete and sign the form below and, if you are Catholic, hand it to your parish priest or the parish priest at the church at which you normally worship. He will add his reference in Part 2. If you are not a Catholic, please hand the form to your minister or equivalent who will add his or her reference in Part 3.

**Note: Parents must complete A Common Application Form through their own council website. The website for Croydon Council is [www.croydon.gov.uk/admissions](http://www.croydon.gov.uk/admissions). Parents who do not have access to the internet can fill a paper CAF by contacting Croydon council on 020 8726 6400 and should return the form to the LA.**

**PART 1** *(To be completed by all parents or carers)*

Surname of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Christian/forename(s) of child: \_\_\_\_\_

Religion/Denomination: (eg Roman Catholic) \_\_\_\_\_ Boy  Girl 

Date and place of Baptism (if applicable): \_\_\_\_\_

Name of school the child is currently attending: \_\_\_\_\_

Parents' names: \_\_\_\_\_

Parents' religions/denominations: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Contact telephone numbers: \_\_\_\_\_ (Mother/Father/Carer)

E-mail address / es: \_\_\_\_\_

Details of all other brothers / sisters of the child named above who are attending St. Mary's Catholic. Junior School at the time of entry:

Full Name: \_\_\_\_\_ Year Group in September 2016 \_\_\_\_\_

Full Name: \_\_\_\_\_ Year Group in September 2016 \_\_\_\_\_

Name of School applicant is currently attending: \_\_\_\_\_

Address of School: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

If **Catholic**, indicate which Mass you normally attend: Saturday at \_\_\_\_\_ (time)  
or Sunday at \_\_\_\_\_ (time)

Parish in which you live (eg Our Lady or Reparation, Croydon) \_\_\_\_\_

Usual place of worship (if different): \_\_\_\_\_

How long have you worshipped there? \_\_\_\_\_ years. If you have recently moved to the parish please give details of your previous parish \_\_\_\_\_

How often do you attend Mass?     weekly                       once or twice a month                       less often

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, 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 a separate sheet if necessary)*

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I/we confirm that the information we have given on this form is accurate and truthful and also confirm that I/we have read and understood the Admission Criteria.

Signed: \_\_\_\_\_ Parent/carer

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

**PART 2 (To be completed by Catholic priests only)**

For schools requiring evidence of practice:

<u>PARENT/CARER</u>			<u>CHILD</u>		
Are the parents known to you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the child known to you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Regular attendance at Mass (i.e. weekly)	<input type="checkbox"/>		Regular attendance at Mass (i.e. weekly)	<input type="checkbox"/>	
Occasional attendance at Mass (i.e. once or twice a month)	<input type="checkbox"/>		Occasional attendance at Mass (i.e. once or twice a month)	<input type="checkbox"/>	
Irregular attendance at Mass (i.e. less than once a month)	<input type="checkbox"/>		Irregular attendance at Mass (i.e. less than once a month)	<input type="checkbox"/>	
How long have the parent(s) attended your church?		_____	How long has the child attended your church?		_____

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

\_\_\_\_\_

Priest's name: \_\_\_\_\_

Parish (or ethnic chaplaincy): \_\_\_\_\_

Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

Parish stamp or seal

Priest's signature: \_\_\_\_\_

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

**PART 3 (To be completed only by ministers of other denominations or faiths)**

**Non-Catholic parents/carers from other denominations or faiths should hand this form to their minister or equivalent asking them to complete the section below.**

I confirm that this family are members of our faith community  The family is not known to me

Name of minister: \_\_\_\_\_ Denomination/faith: \_\_\_\_\_

Parish or faith community: \_\_\_\_\_

Address: \_\_\_\_\_

Tel.: \_\_\_\_\_

Signed: \_\_\_\_\_

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