St Mary's
RC PRIMARY SCHOOL

NURSERY SUPPLEMENTARY INFORMATION FORM

Please complete and sign the form, please hand it to your priest at the church at which you normally worship **(part 2)** if you are Non-Catholic please ask your faith leader to complete **(part 3**).

All **(Original)** Documents required - Baptismal Cetificate ☐, Council tax notification or driving licence ☐ for proof of address and Child's Birth Certificate ☐. **Documents issue date must NOT be more than 3 months old (except council tax notification)**

NB. Please remember to complete and return a Common Application Form (available from the local Authority)

SECTION 1 (To be completed by Parents)

Please inform us immediately of any changes to this information.

Child's address	

Child's first name			Middle name(s)	
Surname			Date of birth	
Gender	Male / Female	Name of sibling who will be attending St Mary's at the time of admission		
Current and previous schools				

Parent 1

Title		First name		Surname	
Telephone numbers			E-mail address		
Address (if different from your child)					
Relationship to child					

Parent 2

Title		First name		Surname	
Telephone numbers			E-mail address		
Address (if different from your child)					
Relationship to child					

Place of Baptism:			Date of Baptism:	
If Catholic indicate which Mass you normally attend	Saturday at		Time	
	Sunday at		Time	
Parish in which you live (e.g. St. Mary's Clapham)				

PLEASE INDICATE WHETHER FULL TIME OR PART TIME: _____

Usual place of worship		
How long have you worshipped there?		years
If you have recently moved to the parish please give details of your previous parish		
How many times do you attend Mass per month? (i.e. once, twice or three times)		Times

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, educational welfare officer, social worker or priest). Continue on a separate sheet if necessary			
I confirm that the information we have given on this form is accurate and truthful			
Signed		Date	

SECTION 2 (To be completed by Catholic Parish Priests only)

I am satisfied that the child is a baptised Catholic		Yes		No	
Are the Parents/Carers known to you?		Yes		No	
Regular weekly attendance at Mass		Occasional attendance at Mass (i.e. once, twice or three times)		Irregular attendance at Mass (i.e. less than monthly)	
How long have the parent(s) Carer(s) attended your church?					
Priest's/Ethnic Chaplin's Comments:					
Parish Priest's name:		Parish or Ethnic Chaplaincy		Address: Stamp	
Parish Priest's Signature:				Date:	

SECTION 3 (To be completed by Faith Leader)

Non-Catholic parent/carers from other denominations or faiths should hand this form to their priest/minister or faith leader who should complete the section below and return it as soon as possible to the school indicated over.

I confirm that this family are of our faith community		The family is not known to me:	
Name of minister:		Denomination/faith:	
Address:		Tel.	
Signed		Date	