

Catholic Primary Schools in London Borough of Lewisham
Supplementary Information Form

for entry to
RECEPTION CLASS 2024/25

Name of Child known as Male/Female

Family Name Date of Birth / /

Parents'/Carers' Name/s (please print)

Mr/Mrs/Ms/Miss

Contact Number Relationship

Mr/Mrs/Ms/Miss

Contact Number Relationship

Home Address of Child

..... Postcode.....

Religion of Child Date of Baptism / /

Names of siblings who will be on roll in September 2024 at any of the schools you are applying for:

.....

Signed Parent/Carer Date / /

Please attach 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" You must support your claim with professional evidence. We ask for a letter from a hospital consultant if you have a medical reason or a social worker if you have a social reason for your claim (or provide a letter from a professional of equivalent standing). The letter must clearly state why the particular school is the only school to meet the child's specific needs. The letter must be provided with the application and must be submitted by the closing date. If this documentation is not provided it will not be possible to consider any exceptional medical or social needs. Each case will be considered in accordance with the school's admission policy.

(The original of this form and your child's Baptismal Certificate must be taken to each primary school you choose to apply for so that they may be photocopied).

The closing date for the receipt of applications is 15 January 2024.

St Augustine's School

Holy Cross School

St Matthew's Academy

St Winifred's School

Our Lady & St Philip Neri School

St Saviours School

St Joseph's School

Good Shepherd School

St William of York School

To be completed by the Priest of the Parish in which you regularly worship.

Family Name: _____ **Child's name:** _____

This family is known to me ☐ (please tick) This family is new to the Parish ☐ (please tick)

I am satisfied that the child is a baptised Catholic or a baptised member of a Church that is in full communion with Rome. YES ☐ NO ☐

I can confirm the family has been practising regularly for a minimum of 3 years. YES ☐ NO ☐

If you are new to the Parish you should also obtain a reference from your previous Parish Priest and attach it to this form.

<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"/>
Weekly attendance at Mass <input type="checkbox"/>	Weekly attendance at Mass <input type="checkbox"/>
Three times each month <input type="checkbox"/>	Three times each month <input type="checkbox"/>
Twice each month <input type="checkbox"/>	Twice each month <input type="checkbox"/>
Once each month <input type="checkbox"/>	Once each month <input type="checkbox"/>
Less than once a month <input type="checkbox"/>	Less than once a month <input type="checkbox"/>
I cannot confirm they attend Mass <input type="checkbox"/>	I cannot confirm they attend Mass <input type="checkbox"/>

Signed Priest's Name

Date Tel No

Please add the Parish seal or stamp

If you are not a Catholic, please ask a Minister of Religion to complete the section below:

Family Name: _____ **Child's name:** _____

This family is known to me ☐ (please tick) This family are members of our faith community ☐ (please tick)

Name: _____ Position: _____

Name and address of church: _____
