



Archdiocese of Southwark  
**Supplementary Information Form 2020/2021**

This form should be completed when applying for a place in a Catholic School in the Archdiocese of Southwark. 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 priest, minister or faith leader who will add his or her reference in Part 3. **The school should receive completed forms by 15th January 2020** along with **original** Birth and Baptismal Certificates. **NB You must also complete a Common Application Form available online at [www.kent.gov.uk/ola](http://www.kent.gov.uk/ola) , from schools and/or Local Authorities.**

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

School to which you are applying: **St. Thomas' Catholic Primary School**

Address of school: **South Park, Sevenoaks, Kent, TN13 1EH**

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

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

Religion/Denomination: (e.g. Roman Catholic) \_\_\_\_\_ Boy  Girl

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

Parents'/carers' names: \_\_\_\_\_

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

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

Postcode \_\_\_\_\_

Contact numbers: Home \_\_\_\_\_ Mobile \_\_\_\_\_ (Mother/Father)

Primary email address: \_\_\_\_\_

Names and Dates of Birth of siblings who will be on the school roll as at 1.9.20 \_\_\_\_\_

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

Parish in which you live (e.g St. Thomas' Sevenoaks ) \_\_\_\_\_

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

How long have you worshipped there? \_\_\_\_\_ years

How often do you attend Mass?  weekly  fortnightly  monthly  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 you and your 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 on a separate sheet if necessary.

I confirm that the information we have given on this form is accurate and truthful:

Signed: \_\_\_\_\_ Parent/Carer Date: \_\_\_\_\_

**(N.B. Parts 2 and 3 overleaf)**

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

**A. For all schools:**

I am satisfied that the child is a baptised Catholic

Yes  No

**B. For schools requiring evidence of practice:**

<u>FAMILY/CARER</u>	<u>CHILD</u>
Are the family 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"/>
<b>Weekly Mass attendance</b> <input type="checkbox"/>	<b>Weekly Mass attendance</b> <input type="checkbox"/>
<b>Fortnightly Mass attendance</b> <input type="checkbox"/>	<b>Fortnightly Mass attendance</b> <input type="checkbox"/>
<b>Monthly Mass Attendance</b> <input type="checkbox"/>	<b>Monthly Mass Attendance</b> <input type="checkbox"/>
<b>Less Often</b> <input type="checkbox"/>	<b>Less Often</b> <input type="checkbox"/>
How long have the family 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.: \_\_\_\_\_

Priest's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Parish Stamp/Seal

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

**Non-Catholic parents/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 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: \_\_\_\_\_

Comment (if appropriate) regarding the points above:

**To the priest, minister or other faith leader: Please ensure this form is completed and returned to the school by 15<sup>th</sup> January 2020.**