



St Mary's Catholic Primary Schools Trust



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

Cover Sheet
2017-2018

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)	
---	--

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. 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)

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: _____