

St John's Catholic Primary School St. Elmo's Rd London SE16 6SD



Supplementary Information Form for 2024/2025

This form should be completed when applying for a place at St John's Catholic Primary School. 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 complete Part 2 and forward the form to the school. If you are not a Catholic, please hand the form to your minister (or equivalent) who will complete

Note: You must also complete and return a Common Application Form (available from the school and/or Local Authority)

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

School to which you are applying:				
Address of school:				
Surname of child:	Date of birth:			
Christian/forename(s) of child:				
Religion/Denomination: (eg Roman Catholic)	Boy Girl G			
Date and place of Baptism (if applicable):				
Parent's or carer's name:				
Parent's or carer's religion/denomination:				
Home address:				
	Postcode			
Contact telephone numbers:	(Mother/Father/Carer)			
	(time) (time)			
Parish in which you live (eg St James the Great Parish, Peckham):				
Usual place of worship (if different):				
How long have you worshipped there? years. If you have re your previous parish	ecently moved to the parish, please give details of			
How often do you attend Mass? ☐ weekly ☐ once or tw	vice a month			
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 confirm that the information we have given on this form is accurate and tro	uthful:			
Signed: Parent/o	carer Date:			

PART 2 (To be completed by Catholic priests only)

with Rome.	Yes 🗖 No 🗖		_	_	
If no, are the	parents/child enrolled in a RCIA/RCIC prog	ramme?	Yes 🗖	No 🗖	
	PARENT/CARE	<u></u>			
	Is/Are the parent/carer known to you?	? Yes 🔲 1	No 🗖		
	1.Regular attendance at Mass (i.e. weekly)				
	2.Occasional attendance at Mass (i.e. once or twice a month)				
	3.Irregular attendance at Mass (i.e. less than once a month)				
	How long have the parent(s) attended your church?				
Priest's name:	Parish	(or ethnic c	haplaincy):		
Address:				Tel.:	
			Pa	rish stamp or seal	
Priest's signature: _					
Date:					
Non-Catholic parent(s equivalent asking the	(To be completed only by minist c)/carer(s) from other denominations or fa m to complete the section below and return or are members of our faith community	aiths should	d hand this form on as possible	n to their minister or to the school indicate	
I CONTIFM that this family	are members of our failiff confiniting	_	тпе тапшу	is not known to me	_
	Denomina	tion/faith: _			
Name of minister:					
	ity:				
Parish or faith commun	ity:				

Instructions to the priest, minister or other faith leader:
Please complete and return this form by hand or by post to the Office/Clerk to the Governors at the Catholic school indicated overleaf no later than 14th^h January 2024.

Data Protection Act 1998. The information provided on this form will be used for admission purposes only. The information may also be shared with the Local Authority to verify the information given and for the prevention and detection of fraud in relation to admission applications.