

Child's Name:

Catholic parent/carer: Please hand this form to your parish priest or to the priest at your usual church of worship. He will forward the form to the school.
(Please note that your parish priest must have known you for a sustained period in order to be able to complete this section. If you have recently moved, please copy this form and ask your previous parish(es) to complete it as well).

PART TWO - To be completed by the Catholic Priest Only

This **family** is known to me
Through (please tick):-

This **child** is known to me

Weekly attendance at Mass
(i.e. every Saturday evening or Sunday
and Holyday)

Occasional attendance at Mass
(i.e. once or twice a month)

Less Frequent

Not Known

I am satisfied that this child is a Baptised Catholic or has been
received into full communion with the Catholic Church.

Comment (To be completed if you are completing this form on behalf of a parent applying under Note b (the governors' discretion to give extra priority to a child who has a special educational, pastoral, social or medical need which can most appropriately be met by this school, and whose application is supported by suitable professionals such as a doctor, priest, social worker etc. All information submitted will be regarded as confidential). If so please supply any information you feel may be relevant)

Priest's name: _____

Parish (if any): _____

Address: _____ Tel.: _____

Priest's signature: _____

Parish stamp or seal

Date: _____

Non-Catholic parent/carer from denominations or other faiths should hand this form to their minister or equivalent who should complete the section below and return it as soon as possible to the school.

PART 2b - To be completed only by a non-Catholic minister or equivalent

I confirm that this child/family is known to me and they are committed members of our faith community

I confirm that this family are members of our faith community

The family is not known to me

Name: _____ Signed: _____ Date: _____

Position: _____ Parish or organization: _____

Instructions to the priest, minister or other faith leader: Please complete and return this form to the Clerk to the Governors at St Elizabeth's Catholic Primary School. For Reception 2019, please return by 15th January 2019. Do **not** return the form to the parents or carers.



St Elizabeth's Catholic Primary School

Supplementary Information Form



St Elizabeth's Catholic Primary School, Queen's Road, Richmond, TW10 6HN

Tel: 020 8940 3015 Facsimile: 020 8332 0986 www.st-elizabeths.richmond.sch.uk

Please complete and sign the form below and hand it to your parish priest or the parish priest at the church at which you normally worship. He will add his declaration and forward the form to the school.

If you are not a Catholic, please hand the form to your minister or equivalent who will add his or her declaration. Applicants of no faith are not required to complete this form.

PART ONE - To be completed by the parent or carer

Surname of child: _____ Date of birth: _____

Christian/forename name(s) of child: _____

Religion: e.g. Catholic, Cof E etc _____ Boy Girl

Date and place of Baptism (if applicable): _____

(If Catholic, please show your parish priest or the priest at your normal place of worship, a certificate of Baptism in a Catholic church or a certificate of reception into full communion with the Catholic Church or other evidence of Baptism)

Parent's or carer's names: _____

Parent's or carer's religion: _____

Home address: _____

Postcode _____

Contact numbers: _____ (Mother/Father/Carer)

If **Catholic**, indicate which Mass you normally attend (time): Saturday/Sunday at _____

Parish in which you live (e.g. St Osmund's, Barnes) _____

Usual place of worship (if different): _____

How long have you worshipped there? _____ years

During this time, how frequently have you attended Mass?

weekly once or twice a month less often

Please add here any additional information, relevant to the admissions criteria, which you would like your priest to know, specifically information if you are applying under note b. (Continue on a separate page if necessary.)

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

Signed: _____ Parent/carer Date: _____

NB if applying for a place in Reception starting in September, you must also complete and return the Common Application Form (CAF) of your home LA (available from your home Council and on-line). For Reception 2019, please return the CAF and this Supplementary Information Form by 15th January 2019.