

**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 2024, please return by 15<sup>th</sup> January 2024. 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 admin@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. For Reception, this form should be completed between 1<sup>st</sup> September to 15<sup>th</sup> January i.e. from the start of the academic year until the closure for Reception admissions. This date does not apply to in-year admissions.

### PART ONE - To be completed by the parent or carer

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

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

Religion: \_\_\_\_\_

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 \_\_\_\_\_

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/carers Date: \_\_\_\_\_

**NB if applying for a place in Reception or an in-year admission, 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 2024, please return the CAF and this Supplementary Information Form by 15th January 2024.**