



# Corpus Christi Catholic Primary School

(Archdiocese of Southwark)

## Supplementary Information and Priest's Declaration Form

This form should be completed when applying for a place. 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.

**NB You must also complete and return a Common Application Form to the School Admissions office, of the Local Authority in which you reside.**

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

School to which you are applying: \_\_\_\_\_

Surname of child: \_\_\_\_\_ Date of birth: (dd/mm/yy) \_\_\_\_\_

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

Religion/Denomination: (eg Roman Catholic) \_\_\_\_\_ Boy  Girl

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

Evidence of Baptism is required (eg Baptismal Certificate)

Parents' names: \_\_\_\_\_

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

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

\_\_\_\_\_ Postcode \_\_\_\_\_

Contact numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Mother/Father/Carer)

E mail address: \_\_\_\_\_

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

or Sunday at \_\_\_\_\_ (time)

Parish in which you live (eg St. Joseph's, New Malden or St. Pius X, Norbiton) \_\_\_\_\_

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

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

How often do you attend Mass?  weekly  at least once a month  less often

Details of other children in the family who will still be attending Corpus Christi Catholic Primary School at the time of admission

Name	Date of Birth	Year Group
_____	_____	_____
_____	_____	_____

Please attach 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).

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

Signed: \_\_\_\_\_ Parent/carers Date: \_\_\_\_\_

**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</u>	<u>CHILD</u>
Is 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"/>
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. at least once a month) <input type="checkbox"/>	Occasional attendance at Mass (i.e. at least once 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? _____	

If you consider there are valid reasons for Mass attendance to be considered equivalent to weekly, because of illness or other reasons, please state below.

Priest's name: \_\_\_\_\_ Parish (or ethnic chaplaincy): \_\_\_\_\_

Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

Parish stamp or seal

Priest's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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: \_\_\_\_\_

**To the priest, minister or other faith leader:**

*Please ensure this form is completed and returned to the Admissions Secretary at Corpus Christi School by.*