

ST JOSEPH'S CATHOLIC PRIMARY SCHOOL
The Fairfield, Kingston, Surrey. KT1 2UP



**SUPPLEMENTARY INFORMATION FORM
FOR ADMISSION TO SCHOOL**

Completion of this form is not mandatory; however, if this form is not received by the governors we will be unable to apply the admission criteria and your application will be considered under the 'any other children' category'.

SURNAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____ GENDER: M F

ADDRESS: _____

HOME TELEPHONE: _____ MOBILE: _____

RELIGION: _____

NAMES AND DATES OF BIRTH OF SIBLINGS WHO ATTEND ST. JOSEPH'S CATHOLIC PRIMARY SCHOOL AT THE TIME OF ENTRY (SEPTEMBER 2010)

NAME: _____ D.O.B: _____

NAME: _____ D.O.B: _____

MEDICAL/OTHER FACTORS TO SUPPORT APPLICATION (IF ANY)

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).

PARENTS FULL NAMES: _____

With this form you **must** enclose a photocopy of your child's Birth Certificate/Passport and Baptismal Certificate where appropriate.

I/We wish to apply for a place for our child at St. Joseph's Catholic Primary School.

Signature: _____ Date: _____

Signature: _____ Date: _____

For Office Use Only:

Birth

Baptismal

School Year

Please return this form directly to the school by the closing date of Sunday 15th January 2012

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THE PRIEST'S DECLARATION FORM

This form will provide information to support your request for admission to the school. Completion of this form is not mandatory; however, if this form is not received by the governors we will be unable to apply the admission criteria and your application will be considered under the 'any other children' category'. Please pass this form to your Parish Priest/minister for completion. It should then be returned with your registration form to the School Office.

Family name: _____

Address: _____

Church where your family normally worships: _____

Please indicate whether either or both parents/guardians and/or child are currently regular worshipping members of your church. Please note that the record of attendance of only one parent (the best attendee) will be taken into account.				
	FATHER	MOTHER	GUARDIAN	CHILD
Weekly				
Fortnightly				
Monthly				
Festivals				
Never				

For how long have they worshipped at your church? _____

If less than one year from which church did they transfer? _____

Please make any other comments below if you wish (or in a separate letter)
If you consider there are valid reasons for Mass attendance to be considered equivalent to weekly, because of illness or other reasons please, state this below.

Parish Priest/Minister's signature: _____

Church Name: _____

Address: _____

Telephone: _____ Date: _____

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