# Mid-Term Supplementary Information Form



# 2023 - 2024

***Please tick which year group you are applying for:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Nursery** | **Reception** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** |
|  |  |  |  |  |  |  |  |

**PART 1 *(to be completed by all parents and carers)***

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| --- | --- | --- | --- | --- | --- | --- |
| Surname of child: | Christian/Forenames of child: | | | | | |
| Address: | | | Post Code: | | | |
| Date of Birth: | Date and place of Baptism: | | | | | |
| Child’s Religion/Denomination: | | | Boy: |  | Girl: |  |
| Parent/Carer’s Name: | | Parent/Carer’s Name: | | | | |
| Parent/Carer’s Religion: | | Parent/Carer’s Religion: | | | | |
| Relationship to child: | | Relationship to child: | | | | |
| Contact Number(s): | | Contact Number(s): | | | | |
| Email Address: | | Email Address: | | | | |

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| --- | --- | --- | --- |
| **Will you have a SIBLING attending either St. Mary’s Infant and Junior Schools at the time of admittance? \*\* Siblings in Nursery at the time of application to start school will not qualify.** | | | |
| Sibling Name: |  | Sibling Current Year and Class: |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If Catholic indicate how often you attend Mass? (Please tick): | | | | | | | | | |
| 1. Regular Attendance – Every Saturday evening Vigil or Sunday Mass |  | 1. Occasional Attendance – At least either one Saturday evening Vigil or Sunday Mass | | | | |  | 1. Irregular Attendance – Less than once per month. |  |
| Parish you live in (e.g. Holy Cross, Carshalton) | | | | |  | | | | |
| Usual place of worship (if different): | | |  | | | | | | |
| How long have you worshipped there? | | |  | Years | |  | | | |
| (If less than 3 years, please provide a reference from your previous Parish Priest / Minister) | | | | | | | | | |

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| --- |
| **Please add here any information you may feel is relevant to this application in relations 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 (e.g. qualified medical practitioner, education welfare officer, social worker or priest. (Continue on a separate sheet if necessary).** |
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| --- | --- | --- | --- |
| **I confirm that the information we have given on this form is accurate and truthful:** | | | |
| Signed: | (Parent/Carer) | Date: |  |

**Part 2 (To be completed by Catholic Priests only)**

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| --- | --- | --- | --- | --- | --- | --- |
| Please tick |  | I am satisfied that the child is a baptised Roman Catholic or a baptised member of a Church that is in full communion with Rome. | | | | |
| If no, are the parents/child enrolled in a RCIA/RCIC program? | | | Yes |  | No |  |

1. **Please tick one of the following statements you feel most suitably describes the public religious practice of this family. (It is accepted that one parent may not be Catholic)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARENT / CARER** | | | | | **CHILD** | | | | |
| Are the parents known to you? | Yes |  | No |  | Is the child known to you? | Yes |  | No |  |
| 1. Regular Attendance - (either every Saturday evening Vigil Mass or Sunday) | | | |  | (a)Regular Attendance - (either every Saturday evening Vigil Mass or Sunday) | | | |  |
| (b)Occasional Attendance - (At least either one Saturday evening Vigil or Sunday Mass every month) | | | |  | (b)Occasional Attendance - (At least either one Saturday evening Vigil or Sunday Mass every month) | | | |  |
| (c) Irregular Attendance – Less than once per month | | | |  | (c)Irregular Attendance – Less than once per month | | | |  |
| 1. **If you consider there are valid reasons for the Mass attendance to be considered equivalent to weekly, because of illness or other reasons, please state below.** | | | | | | | | | |
|  | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Priest’s Name:** | |  | | | **Parish stamp or seal:** |
| **Parish (or ethnic Chaplaincy:** | | | |  |  |
| **Tel:** | | | |  |
| **Address:** |  | | | |
| **Priest’s signature:** | | |  | |
| **Date:** |  | | | |

**PART 3 (to be completed only by ministers of other denominations or faiths)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Non-Catholic parents/carers from other denominations or faiths should hand this form to their minister or equivalent asking them to complete the section below and return it as soon as possible to the St. Mary’s Catholic Federation, Carshalton.** | | | | | | | | | | | |
| I confirm that this family are members of our faith community | | | | | | |  | The family is not known to me | | |  |
| Name of Minister: | | |  | | Denomination/faith: | | | |  | | |
| Parish of faith community: | | | |  | | | | | | | |
| Address: | |  | | | | | | Tel: | |  | |
| Signed: |  | | | | | Date: | |  | | | |

**Please return to the School Office**

**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 give and for the prevention and detection of fraud in relation to admission applications.**