

**St Francis Catholic Primary School  
Admission to Catholic Schools in Kent  
2017-18**



**Supplementary Form**

This form should be completed when applying for a place in a Catholic School in the Archdiocese of Southwark. 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 minister or equivalent who will add his or her reference in Part 3.

Please ensure this form is returned to the School Office by .....

**Note: You must also complete and return a Common Application Form (available from the school and/or Local Authority)**

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

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

Address of school: \_\_\_\_\_

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

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

Religion/Denomination: (e.g. Roman Catholic) \_\_\_\_\_ Boy  Girl

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

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

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

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

Postcode \_\_\_\_\_

Contact telephone numbers: \_\_\_\_\_ (Mother/Father/Carer)

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

Parish in which you live (e.g. St Francis, Maidstone) \_\_\_\_\_

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

How long have you worshipped there? \_\_\_\_\_ years. If you have recently moved to the parish please give details of your previous parish \_\_\_\_\_

How often do you attend Mass?  weekly  once or twice a month  less often

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 (e.g. qualified medical practitioner, education welfare officer, social worker or priest). *(Continue on a separate sheet if necessary)*

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

Signed: \_\_\_\_\_ Parent/Carer Date: \_\_\_\_\_



