

St Bede's Catholic Infant & Nursery School



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NURSERY SUPPLEMENTARY INFORMATION FORM

Please fill in all the details on this form (block capitals) and return it to the school office with your child's original Birth Certificate, Baptism Certificate and proof of address.

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 priest, minister or faith leader who will add his or her reference in Part 3.

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

Christian/forename(s) of child: _____

Surname of child: _____ Date of birth: _____

Religion/Denomination: (eg Roman Catholic) _____ Boy Girl

Date and place of Baptism (if applicable): _____

Parents' names (Mother): Forename: _____ Surname: _____

Parents' names (Father): Forename: _____ Surname: _____

Parents' religions/denominations: _____

Home address: _____

_____ Postcode _____

Contact numbers: Home _____ Work _____ Mobile _____ (Mother/Father/Carer)

Contact numbers: Home _____ Work _____ Mobile _____ (Mother/Father/Carer)

Sibling at the Federation of St Bede's & St Bernadette School Name of sibling _____

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

or Sunday at _____ (time)

Parish in which you live _____

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

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 :

Date:

PART 2 (To be completed by Catholic priests only)

A. For all schools:

I am satisfied that the child is a baptised Roman Catholic or a Church that is in full communion with Rome
Yes No

B. For schools requiring evidence of practice:

<u>FAMILY</u>	
Are the parents known to you?	Yes <input type="checkbox"/> No <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"/>
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 this below.

Priest's name : _____ Parish (or ethnic chaplaincy): _____

Address: _____ Tel: _____

Priest's signature: _____ Date: _____

Parish stamp or seal

PART 3 (To be completed only by priests/ministers of other denominations or faiths)

Parents/carers from other denominations or 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 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 parent, carer, priest, minister or other faith leader: Please ensure this form is completed and returned to the school by 13th January 2017 with evidence.