

# St Bede's Catholic Infant & Nursery School



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## RECEPTION SUPPLEMENTARY INFORMATION FORM

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

**NB You must also complete and return a Common Application Form (available from schools and/or Local Authorities)**

### 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)

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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 19th January 2018 with evidence.**