



## Federation of Sacred Heart and St Mary's RC School, Battersea

Please complete and sign the form below and if you are Catholic, hand it to your 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 Catholic, please hand the form to your priest, minister or faith leader who will add his or her reference in Part 3.

### Form A - Religious Supplementary Information Form

#### PART 1 (To be completed by all Parents or Carers)

Child's Forename: _____ Surname: _____
Religion/Denomination: (e.g. Roman Catholic) _____ Boy <input type="checkbox"/> Girl <input type="checkbox"/>
Date and Place of Baptism (if applicable): _____*
Parents' Names: (Mother) _____ (Father) _____
Parents' Religions / Denominations: _____
Home Address: _____
Postcode: _____
Contact Numbers: _____
<b>If Catholic, indicate which Mass you normally attend:</b>
Saturday at: _____ time. Sunday at: _____ time.
Parish in which you live: (e.g. Sacred Heart, St Vincent de Paul) _____
Usual place of worship (if different): _____
How long have you worshipped there? _____ Years.
How often do you attend Mass? <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasionally
<input type="checkbox"/> Not known
<b>I confirm that the information we have given on this form is accurate and truthful:</b>
Signed: _____ Parent/Carer Date: _____

\* **Baptism Certificate:** The school will require sight of an original Baptism Certificate as part of the application. Originals will be returned.

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

I am satisfied that the child is a baptised Catholic

Yes

No

**Parent/Carer**

**Child**

Are the parents known to you? Yes  No

Is the child known to you? Yes  No

Weekly attendance at Mass

Weekly attendance at Mass

Fortnightly attendance at Mass

Fortnightly attendance at Mass

Monthly attendance at Mass

Monthly attendance at Mass

Occasional attendance at Mass

Occasional attendance at Mass

Not known

Not known

How long have the parent(s) attended your Church? \_\_\_\_\_

**Comment (if appropriate) regarding the points above:** If you consider that 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)**

I confirm that this family are members of our faith community  The family is not known to me

**Name of Minister:** \_\_\_\_\_

**Parish or Faith Community:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Church Stamp or Seal**

**Please circle below:**

**Weekly Mass   Monthly Mass   Occasional Mass   Not Known**

Comment regarding the points above (please attach letter if required).

To the priest, minister or other faith leader: Please return the completed form to the school.