



## 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 ☐ Girl ☐

Date and Place of Baptism (if applicable): \_\_\_\_\_ \*

Parents' Names: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Parents' Religions / Denominations: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

If Catholic, indicate which Mass you normally attend:

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? ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Occasionally

☐ Not known

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

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 <input type="checkbox"/>   | No <input type="checkbox"/>                              |
| <b>Parent/Carer</b>                                                                                                                                                                                                              | <b>Child</b>                                             |                                |                                                          |
| Are the parents known to you?                                                                                                                                                                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> | Is the child known to you?     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Weekly attendance at Mass                                                                                                                                                                                                        | <input type="checkbox"/>                                 | Weekly attendance at Mass      | <input type="checkbox"/>                                 |
| Fortnightly attendance at Mass                                                                                                                                                                                                   | <input type="checkbox"/>                                 | Fortnightly attendance at Mass | <input type="checkbox"/>                                 |
| Monthly attendance at Mass                                                                                                                                                                                                       | <input type="checkbox"/>                                 | Monthly attendance at Mass     | <input type="checkbox"/>                                 |
| Occasional attendance at Mass                                                                                                                                                                                                    | <input type="checkbox"/>                                 | Occasional attendance at Mass  | <input type="checkbox"/>                                 |
| Not known                                                                                                                                                                                                                        | <input type="checkbox"/>                                 | Not known                      | <input type="checkbox"/>                                 |
| How long have the parent(s) attended your Church? _____                                                                                                                                                                          |                                                          |                                |                                                          |
| <b>Comment (if appropriate) regarding the points above:</b> 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: _____                                                                                                                                                                                                             |                                                          | <b>Parish Stamp or Seal</b>    |                                                          |
| Parish (or Ethnic Chaplaincy): _____                                                                                                                                                                                             |                                                          |                                |                                                          |
| Address: _____                                                                                                                                                                                                                   |                                                          |                                |                                                          |
| Tel.: _____                                                                                                                                                                                                                      |                                                          |                                |                                                          |
| Priest's Signature: _____ Date: _____                                                                                                                                                                                            |                                                          |                                |                                                          |
| <b>PART 3 (To be completed only by Priests / Ministers of other denominations or faiths)</b>                                                                                                                                     |                                                          |                                |                                                          |
| I confirm that this family are members of our faith community <input type="checkbox"/> The family is not known to me <input type="checkbox"/>                                                                                    |                                                          |                                |                                                          |
| Name of Minister: _____                                                                                                                                                                                                          |                                                          | <b>Church Stamp or Seal</b>    |                                                          |
| Parish or Faith Community: _____                                                                                                                                                                                                 |                                                          |                                |                                                          |
| Address: _____                                                                                                                                                                                                                   |                                                          |                                |                                                          |
| Signed: _____                                                                                                                                                                                                                    |                                                          |                                |                                                          |
| <b><u>Please circle below:</u></b>                                                                                                                                                                                               |                                                          |                                |                                                          |
| 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.                                                                                                                                   |                                                          |                                |                                                          |