



Supplementary Information Form for admission to St Boniface RC Primary School in the academic year 2025/2026

If applying for a place at **St Boniface School under criteria 2**, please ensure you make an appointment to see the Parish Priest of the parish you usually attend in order to obtain a **Certificate of Catholic Practice**.

Return this certificate to the school office together with the original of your child's **Baptism Certificate** (if applicable) and proof of your address - the office will make a copy.

For Reception admissions, you must also complete a Common Application Form online from your home Local Authority.

Wandsworth residents can also obtain a paper copy of the form from the council's Pupil Services team.

For In Year admissions contact the Wandsworth Pupil Services team. If your child is already in a Wandsworth school, a school transfer form is available from your current school.

Information below to be completed by parents or carers:

This information will only be used by the Governing Body of St Boniface School if they need to apply the oversubscription criteria as stated in the school's admission policy.

School to which you are applying:

Christian/forename(s) of child: _____

Surname of child: _____

Date of birth: _____

Boy / Girl (please circle)

Religion/Denomination of child: (eg Roman Catholic) _____



Parents/Carers names and contact numbers :

Home address:

Postcode: _____

Details of siblings:

If your child has an older brother or sister who is already attending St Boniface School and who will still be on roll in September 2025 please give details below:

To my best knowledge, the information I provided herein is true, correct and accurate.
By signing this form, I acknowledge that if any of the information I provided is misleading, inaccurate or untruthful, the application may be disqualified.

Name: (Parent/Carer) _____

Signed: _____

Date: _____



ARCHDIOCESE OF SOUTHWARK

CERTIFICATE OF CATHOLIC PRACTICE

Details of child (for identification only)

Full name of child: _____

Address of child: _____

Postcode: _____ Date of Birth: _____

I am [the child's parish priest] [the priest in charge of the Church where the child practices] **[delete as applicable]**

I hereby certify that this child is known to me and, to the best of my knowledge and belief, the child is a practising Catholic.

Priest's name _____ Position _____

Parish (or ethnic chaplaincy) _____

Address _____

Telephone _____

Priest's signature _____

Parish stamp or seal

Date _____