St Boniface R C Primary School

Undine Street, Tooting, London SW17 8PP

Tel: 020 8672 5874

Email: admin@stboniface.wandsworth.sch.uk • Web: www.stboniface.wandsworth.sch.uk

Headteacher: Mrs L Platts • Deputy Headteacher: Mrs L Whitwell



Supplementary Information Form

This form should be completed when applying for a place at St Boniface school.

If you are Catholic, please ask your parish priest to sign. If you are not Catholic, please hand the form to a minister or equivalent who will add their reference. If you do not practise any religion, we still welcome your application to our Catholic school.

All parents must sign the declaration and return to St Boniface School by the closing date.

PART ONE – completed by the parent:

Surname of child:		Christian/Legal Forename:		
Religion:		Date of Birth:		
Place of Baptism:		_Date of Baptism:		
Parent or carer's name:	Religion:			
Parent or carer's name:		Religion:		
Home address & postcode:				
This must be the address where the child normally lives.				
Email and mobile (of parent or carer):				
Details of siblings. If your child already has September of the next academic year, ple		_	niface, who will still be on roll in	
If Catholic, please indicate which Mass you normally attend (day and time):				
Saturday at	(time) OR	Sunday at	(time)	
Parish in which you live (eg St Boniface, Our Lady of Assumption Links Rd):				
Usual place of worship (eg St Josephs Colliers Wood, Christ the King Balham) :				
How long have you worshipped there?worship from your previous parish with the		_ Years. If less than 3 year	s worship, please provide evidence of	
How often do you attend Mass, please circle one:				
Weekly?	Once or twice a r	month?	Less often?	









<u>PART TWO – completed by your Catholic Parish Priest:</u> I am satisfied that the child is a baptised Roman Catholic or a church that is in full communion with Rome. YES / NO Is the family known to you? YES / NO How long have the parent/child attended your church?_____ Please indicate which statement best describes the practice of the family: 1 • Regular attendance at Mass (i.e. every Saturday evening or Sunday for a period of at least three years) 2. Occasional attendance at Mass (i.e. twice a month OR those who may now be practising regularly but cannot provide evidence of regular practice over a three year period.) 3• Irregular attendance at Mass (i.e. less than once a month) Can you verify the details regarding Mass attendance as stated by the family in Part1? YES / NO If period of worship is less than three years at this parish, please advise that evidence of previous practice is required to be submitted with this form. <u>Please comment, if appropriate, only to clarify the Mass attendance above:</u> __ Name of Parish: __ Name of Priest: ___ (or Ethnic Chaplaincy) Parish Address and Telephone (if not St Boniface): Signature of Priest: ______ Date:_______ Parish Stamp or Seal: PART THREE - to be completed only by ministers of other denominations or faiths: Parents/carers from other denominations or faiths, should hand this form to their minister or equivalent. Please circle one below: I confirm that this family are members of our faith community. OR The family is not known to me. Name of minister: Denomination/faith: Parish/Community Address and Telephone:_____ _____Date:___ Signature: To be completed by child's parent/guardian: I have received, read and understood the full details of the admissions policy published on the school's website. I have read and agreed the contents of the Parish Priest's/Minister's reference (Part 2 / Part 3). If you are submitting a form without a Priest's or Minister's reference, please provide a covering letter with reasons why. I agree that the information on this form is true and accurate. I understand that any false or deliberately misleading information given on this form may render this application invalid, or lead to the offer of a place being withdrawn. For admission to Reception, I have completed an online Common Application Form for admission to a primary school from my local authority. If you are unsure about any part of this form and/or application process, speak to the Headteacher before signing and submitting this form. This completed form must be returned to St Boniface School by the closing date of 15 January 2024. Date: 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 (eg qualified medical practitioner, education welfare officer, social worker or priest). (Continue on a separate sheet if necessary).

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