



# Holy Ghost Catholic Primary School

Nightingale Square, London, SW12 8QJ  
020 8673 3080

## Supplementary Application & Religious Inquiry Form Years 1 to 6



*In common with all Catholic primary schools in the Archdiocese of Southwark, applicants to Holy Ghost School must complete this supplementary application & religious inquiry form for return to the school without delay. Please complete only Part 1 and Part 4. You will need to have Part 2 or 3 completed and signed by your Parish Priest or Minister. All information given will be confidential to those directly concerned with admissions at the school and your Parish Priest or Minister. This form is required in addition to the Common Application Form which must be submitted directly to Wandsworth LA. You are strongly advised to read the school's admission criteria carefully, before completing this form.*

### PART ONE – To be completed by parent(s) or guardian(s) of all applicants

Surname of child: \_\_\_\_\_ Christian/Forename(s): \_\_\_\_\_

Religion: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Mother's /Guardian's name: \_\_\_\_\_ Religion: \_\_\_\_\_

Father's /Guardian's name: \_\_\_\_\_ Religion: \_\_\_\_\_

Home address: \_\_\_\_\_  
*This must be the address where the child normally lives*

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

Contact number: \_\_\_\_\_ (Mother/Father/Guardian)

Contact email address: \_\_\_\_\_ (Mother/Father/Guardian)

Borough in which you reside: \_\_\_\_\_  
*(eg Wandsworth, Lambeth)*

If Catholic, please indicate which Mass you normally attend (day & time): \_\_\_\_\_

Parish in which you live: *(eg Holy Ghost, St Anselm's)* \_\_\_\_\_

Usual place of worship: \_\_\_\_\_

How long have you worshipped there? \_\_\_\_\_ years.

Applications will be ranked in order of regular, occasional and irregular worship. Priority will be given to those who have evidence of weekly worship. If less than 3 years worship at this parish, please provide evidence of worship from your previous parish priest with this application or, if you are unable to provide such evidence, a covering letter with reasons.

How often do you attend Mass? Regularly *(ie every Saturday evening or Sunday for a period of at least 3 years)*   
Occasionally *(ie twice a month, or those who are now practising regularly but cannot provide evidence of regular practice over a 3 year period)*   
Irregularly *(ie less than once a month)*

### Details of Siblings

If your child already has an older brother or sister currently attending Holy Ghost School.

Name(s): \_\_\_\_\_

Please add any other information that you may feel is relevant to this application in relation to the school's admissions' policy in respect of an established medical need that may make only Holy Ghost school suitable for your child. Strong and relevant evidence must be provided by an appropriate authority (eg qualified medical practitioner or educational psychologist). Continue on a separate sheet if necessary.

**PART TWO – to be completed by the Parish Priest of the parish you normally attend.**

I am satisfied that the child is a baptised Roman Catholic, or has been received into Full Communion with the Roman Catholic Church or is baptised into a Church that is in Full Communion with the Church of Rome. YES  NO

Is the family known to you? YES  NO

Please indicate which statement best describes the practice of the family:

**Regular attendance at Mass** (ie every Saturday evening or Sunday for a period of at least 3 years)

**Occasional attendance at Mass** (ie twice a month, or those who are now practising regularly but cannot provide evidence of regular practice over a 3 year period)

**Irregular attendance at Mass** (ie less than once a month)

**Unknown attendance at Mass**

How long has the parent(s) attended your church?

Can you verify the details regarding practice as stated by the family in Part 1 YES  NO

Please provide any explanatory or additional comments which may be helpful to the school in considering this application:

Name of Priest: \_\_\_\_\_ Name of Parish: \_\_\_\_\_  
(or Ethnic Chaplaincy)

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

Telephone: \_\_\_\_\_

**Parish Stamp or Seal**

Signature of Priest: \_\_\_\_\_

Date: \_\_\_\_\_

**PART THREE - to be completed by a Minister or equivalent leader of worship**

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

Name of the Minister: \_\_\_\_\_ Denomination/faith: \_\_\_\_\_

Parish or faith community: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PART FOUR – to be completed by parent(s) or guardian(s) of all applicants**

- I/we have received, read and understood the full details of the admissions' policy published in the school prospectus.
- I/we agree that the information on this form is true and accurate. I/we 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.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

I/we have also completed the 'Wandsworth Common Application Form' for admission to a Wandsworth primary school.

Documents enclosed:      Baptismal Certificate     

(Please tick boxes)      Current Financial Year's Council Tax Statement     

Subject to determination by Adjudicator