



# Holy Ghost Catholic Primary School

Nightingale Square, London, SW12 8QJ  
020 8673 3080

## Supplementary Information Form Years 1-6 September 2020-2021



*In common with all Catholic primary schools in the Archdiocese of Southwark, information given will be confidential to those directly concerned with admissions at the school and your Parish Priest, Minister or Religious Leader. This form is required in addition to the Common Application Form which must be submitted directly to your local authority. You are strongly advised to read the school's admissions policy carefully, before completing this form.*

### PART ONE – To be completed by a parent or guardian of all applicants (referred to as the “parent”)

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

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

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

Parent's/Guardian's name: \_\_\_\_\_

Parent's/Guardian's 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)* \_\_\_\_\_

Parish where you worship: *(if different)* \_\_\_\_\_

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

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.

The family has been attending Mass for at least 3 years? Yes  No  If no, please state how long \_\_\_\_\_

How often do you attend Mass? Regularly *(ie every Saturday evening or Sunday)*

Irregularly *(ie less than weekly)*

### Details of Siblings

If your child already has an older brother or sister attending Holy Ghost School, who will still be on the roll in September 2020, please give details:

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 as necessary.

**PART TWO – to be completed by the Parish Priest of the parish you normally attend. You should post it or leave in in the place designated for this purpose at the Church.**

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

Is the parent known to you? YES  NO

*Please indicate which statement best describes the practice of the parent:*

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

**Regular attendance at Mass for less than 3 years** (*ie every Saturday evening or Sunday*)  Please state how long \_\_\_\_\_

**Irregular attendance at Mass** (*ie less than weekly*)

How long has the parent attended your church? \_\_\_\_\_

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

Please comment, if appropriate, **only** to clarify the Mass attendance above::

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 Priest, Minister or Religious Leader**

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

I confirm the child has been baptised or dedicated according to our normal practice YES  NO

Name of the Minister/Leader: \_\_\_\_\_ 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 Holy Ghost Catholic Primary School Admissions Policy published on the school's website.
- 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 'Common Application Form' for my local authority (Wandsworth, Lambeth, Croydon) September 2018

Documents enclosed:      Baptismal or equivalent Certificate (if appropriate)

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

Data Protection Act 1998

The information provided on this form will be used for admission purposes only. This information may also be shared with Wandsworth Council to verify the information given and for the prevention and detection of fraud in relation to admission applications.