# Mid-Term Supplementary Information Form

**The suspension of the obligation to attend Sunday Mass was announced on 18th March 2020 by Bishops’ Conference of England and Wales. If a parent/carer attended Mass at particular parish (or parishes) prior to 18th March 2020 then they will be considered to have attended Mass in that parish (or parishes) regularly since that time. This will remain the case until the Sunday obligation is reintroduced by the Bishops.**



# 2022-2023

***Please tick which year group you are applying for:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Nursery** | **Reception** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** |
|  |  |  |  |  |  |  |  |

**PART 1 *(to be completed by all parents and carers)***

|  |  |
| --- | --- |
| Surname of child: | Christian/Forenames of child: |
| Address: | Post Code: |
| Date of Birth: | Date and place of Baptism: |
| Child’s Religion/Denomination: | Boy: |  | Girl: |  |
| Mother’s Name: | Mother’s Religion: |
| Father’s Name: | Father’s Religion: |
| Home Tel Number: | Mobile Number(s): (Mum) | (Dad) |
| Email Addresses:(Mum) | (Dad) |

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| **Will you have a SIBLING attending either St. Mary’s Infant and Junior Schools at the time of admittance?****\*\* Siblings in Nursery at St Mary’s Nursery school at the time of application to start school will not qualify.** |
| Sibling Name: |  | Sibling Current Year and Class: |  |

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| If Catholic indicate how often you attend Mass? (Please tick): |
| 1. Regularly
 |  | 1. Fairly often
 |  | 1. Occasionally
 |  | 1. Not at all
 |  |
| Parish you live in (e.g. Holy Cross, Carshalton) |  |
| Usual place of worship (if different): |  |
| How long have you worshipped there? |  | Years |  |
| (If less than 3 months, please provide a reference from your previous Parish Priest / Minister) |

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| **Please add here any information you may feel is relevant to this application in relations 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 (e.g. qualified medical practitioner, education welfare officer, social worker or priest. (Continue on a separate sheet if necessary).**  |
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| **I confirm that the information we have given on this form is accurate and truthful:** |
| Signed: |  (Parent/Carer) | Date: |  |

**Part 2 (To be completed by Catholic Priests only)**

|  |  |  |
| --- | --- | --- |
| Please tick |  | I am satisfied that the child is a baptised Roman Catholic or a baptised member of a Church that is in full communion with Rome.  |
| If no, are the parents/child enrolled in a RCIA/RCIC program? | Yes |  | No |  |

1. **Please tick one of the following statements you feel most suitably describes the public religious practice of this family. (It is accepted that one parent may not be Catholic)**

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| --- | --- |
| **PARENT / CARER** | **CHILD** |
| Are the parents known to you? | Yes |  | No |  | Is the child known to you? | Yes |  | No |  |
| 1. Regularly (either every Saturday evening Vigil Mass or Sunday and Holy Days)
 |  | 1. Regularly (either every Saturday evening Vigil Mass or Sunday and Holy Days)
 |  |
| 1. Fairly often (attending Sunday Mass about once a month)
 |  | 1. Fairly often (attending Sunday Mass about once a month)
 |  |
| 1. Occasionally (attending Mass from time to time or on special days e.g. Easter, Christmas, Weddings)
 |  | 1. Occasionally (attending Mass from time to time or on special days e.g. Easter, Christmas, Weddings)
 |  |
| 1. Not at all
 |  | 1. Not at all
 |  |
| 1. **If you consider there are valid reasons for the Mass attendance to be considered equivalent to weekly, because of illness or other reasons, please state below.**
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| --- | --- | --- | --- |
| **Priest’s Name:** |  | **Parish (or ethnic Chaplaincy:** |  |
| **Address:** |  | **Tel:** |  |
| **Priest’s signature:** |  | **Parish stamp or seal:** |
| **Date:** |  |  |
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| **PART 3 (to be completed only by ministers of other denominations or faiths)****Non-Catholic parents/carers from other denominations or faiths should hand this form to their minister or equivalent asking them to complete the section below and return it as soon as possible to the St. Mary’s Catholic Federation, Carshalton.**  |
| I confirm that this family are members of our faith community |  | The family is not known to me |  |
| Name of Minister: |  | Denomination/faith: |  |
| Parish of faith community: |  |
| Address: |  | Tel: |  |
| Signed: |  | Date: |  |

**Please return to the School Office**

**Data Protection Act 1998. The information provided on this form will be used for admission purposes only. The information may also be shared with the Local Authority to verify the information give and for the prevention and detection of fraud in relation to admission applications.**