

CLOSING DATE for applications of entry into Year 7 for September 2023: Friday 11th November 2022

Completion of a supplementary form is not mandatory but will help Governors to determine admissions applications. If you are a Catholic, please complete and sign the form below and ask your Parish Priest or the Parish Priest at the church where you normally worship to add his reference. You should then forward the form to the school to which you wish to apply. If you are not a Catholic, please hand the form to your Minister of Religion, or equivalent, who will add his or her reference.

Part One – To be completed by the Parents or Guardians

Surname of child		Date of birth			
Christian/forename (s) of child		Boy or girl			
Religion					
Date and place of Baptism (if applicable)					
Is the child a Designated Looked After Child?					
Name of current school					
Forename, surname and title of person with whom the child lives					
Relationship to child					
Home address					
Postcode					
Contact numbers: HomeWorkWork(mother/father/carer)					
E-mail address:					
If Catholic, please indicate which Mass you normally attend					
Parish in which you live					
Usual place of worship (if different)					
How long have you worshipped there?			years		
How often do you attend Mass? (please tick) Weekly once or twice a month Less often					
Details of brothers and sisters who will be attending the school at the time of Name Date of birth		١	Year group		
I confirm that the information given on th			Derent (Cover		
Signed			Parent/Carer		
Date					

PART Two A – to be completed by the Catholic Priest only (* please see below)					
Parents' or carers' Is the family known to you? Yes □ No □					
Child's religious practice Is the child known to you? Yes No D					
Child's Attendance to Mass					
Weekly attendance at Mass (i.e. every Saturday evening or Sunday)	Regular attendance at Mass (i.e. twice a month)				
Irregular attendance at Mass (i.e. less than once a month)	Not known				
If you consider there are valid reasons for Mass attenda of illness or other reasons, please state below.	ance to be considered equivalent	to weekly, because			
I am satisfied that the child is a Baptised Catholic/Enrol	led Catechumen.				
I am satisfied that the child has been received into Full Communion with the Catholic Church \Box					
Priest's name:					
Parish (if any):					
Address: Tel No:					
Parish stamp or seal					

Date:

Priest's signature:

Parents/carers from other Denominations or Faiths should hand this form to their Minister of Religion, or equivalent. The completed form should be returned by the parent/carer to St John's

PART Two B - To be completed only by a Minister of Religion or equivalent				
I confirm that this child/family is known to me and they are committed members of our Faith community $\ \Box$				
I confirm that this family are members of our Faith community $\ \square$				
The family is not known to me \Box				
Name:				
Signed:				
Date:				
Position:				
Parish or Organisation				