#### 

English Martyrs’ Catholic Primary School

Flint Street, Walworth, London SE17 1RB

Tel: 0207 703 4726 Email: [office@emps.school](mailto:office@emps.school)

[www.englishmartyrsrcprimary.co.uk](http://www.englishmartyrsrcprimary.co.uk)

## 

**SUPPLEMENTARY INFORMATION FORM**

**PLEASE PRINT CLEARLY**

**CHILD’S DETAILS**

**Forenames**:…………………………..................................................... **Surname**........................................................

**Known As**: …………...............….............……...............……. **DOB**.......................................... **Male/Female**............

**Sibling(s) name /year group attending English Martyrs’ School**…………………………..……………………..................

**PARENTAL DETAILS-**

**Full Names of Mother/Carer/Legal Guardian**

Forename …………………………………………………………………… Surname ………............................................…………

Address............................................................................................................................................................

………………………………………… Full Post Code................................ Mobile Number......................................

Telephone number........................................................................

Email address..................................................................................................................................................

**Father/Carer/Legal Guardian**

Forename …………………………………………………………………… Surname ………............................................…………

Address............................................................................................................................................................

………………………………………… Full Post Code................................ Mobile Number......................................

Telephone number........................................................................

Email address..................................................................................................................................................

**Date & place of child’s baptism**........................................................................................................................

Parish in which you live.....................................................................................................................................

Name of Church attending................................................................................................................................

**How regularly: Please tick appropriate box below**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Weekly** | **Most weeks** | **Monthly** | **Several times a year** | **Never** |
|  |  |  |  |  |

Governors will take into account frequency of mass attendance when determining catholic commitment and practice. Applications evidencing most frequent attendance will be prioritised above those showing less regular attendance at mass. If you consider there are valid reasons for Mass attendance to be considered equivalent to weekly, because of illness or other reasons, please state below.

……………………………………………………………………………………………………………………………………………………………………………..

Parish Members Verification:

**I verify that this family is known to me and the information regarding mass attendance is correct.**

Priest’s Name .................................................... Parish.............................................................................

Parish Priest’s signature ............................................................................................................................

Church Stamp:

Ministers of other faiths please tick box below.

Child is a member of the faith and attends church

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Weekly** | **Most weeks** | **Monthly** | **Several times a year** | **Never** |
|  |  |  |  |  |

Minister’s Signature…………………………………….………………….…. Date…………………….…………

Is there any other information which the school should be aware of and which may support your child’s application (medical history/special educational needs or education health care plan/special circumstances? Please attach an additional sheet to this application if so required.

Please return this form to the school office **TOGETHER WITH ALL DOCUMENTS LISTED BELOW** for photocopying

|  |  |
| --- | --- |
| ID Provided | **Received** √ |
| * Baptism Certificate /Certificate of Reception into full communion with the Catholic church |  |
| * Proof of address with at least one parents name shown (utility bill no less than 3 months old, council tax bill, tenancy agreement, landlord agreement) |  |

I have received a copy of the Governors’ Admissions Policy and understand that completion of this form is not a promise of a place at the school. I/we have read and understood the attached Admissions Policy for the school. A place in the reception class is not guaranteed until a written offer has been received from the local authority (on behalf of the Governors). For all other year groups the offer letter will be signed by the Head Teacher.

Parent/Carer/Legal Guardian’s signature....................................................................

Please print name………………………………........................................................... Date………………………….....……...

Office: Date Received…………....….……………………