## SUPPLEMENTARY INFORMATION FORM

## **Margaret Roper Catholic Primary School**

Russell Hill Road, Purley, Surrey CR8 2XP

Telephone: 020 8660 0115 Fax: 020 8660 9656

Email: office@margaretroper.croydon.sch.uk

Please refer to the Admissions Policy when completing this form.

We bsite: www.margaretroper.croydon.sch.uk









Siblings who will be on roll at Margaret Roper at a Name:  Date of Birt	
How often do you attend mass? Weekly Less of	ten
How long have you worshipped there?	years
Parent / Carer: Title Name	Religion
Post CodeTelephor	ne
Date of BirthPla	ace & Date of Baptism
Child's Surname	Christian Names
Information supplied may be used for registered purposes under the term	s of the Data Protection Act 1984

Your Local Authority will also require a Common Application Form (CAF). This applies whether or not you are resident in the borough of Croydon. The completed CAF should be sent to your own Local Authority.

## Please ensure that you provide the following:

- A certified copy of the baptism certificate or evidence of reception into the Catholic Church including the Ordinariate or a Church in union with Rome.
- Priest's Reference(s)
- Original Utility Bill (proof of residence)

To derive full benefit from education in a Catholic school, the family should give every example and encouragement in the practice of the Catholic religion.

It is essential that your application is supported by a reference from your Parish Priest. If you have been resident in your parish for less than a year, please also obtain a reference from your previous Parish Priest. If you regularly attend mass at more than one parish, you must obtain a reference from both parishes. Please contact your Parish for details of how to obtain a reference.

Once you have completed this Supplementary Information Form, please sign the declaration below and return to Margaret Roper School by 15<sup>th</sup> January in the year of admission.

I wish to d	apply for the admission of my child to the school.	
I understand that places will be allocated by the Governing Body in accordance with the School's published Admissions Criteria  I confirm the content of this application is true and accurate to the best of my knowledge and belief. I have read the Governors' Admission Policy (attached) and will notify the school of any changes in my circumstances.		
Please Pr	int Name:	
Date of application:		
<b></b>		
For Office	Use Only	
	Baptism Certificate	
	Priest's Reference(s)	
П	Utility Bill	