***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**

**Website: www.margaretroper.croydon.sch.uk**

**Please refer to the Admissions Policy when completing this form.**

*Information supplied may be used for registered purposes under the terms of the Data Protection Act 1984*

Child's Surname ……………………………………….Christian Names ………………………………………….

Date of Birth………………………………………Place & Date of Baptism ……………………………………..

Home Address ………………………………………………………………………………………………………

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

Post Code …………………………………..Telephone ……………………………………………………………

Parent / Carer: Title .......... Name …………………………………………………...…Religion ………………....

Any other information regarding your child you wish to record – Yes 

see Admissions Policy (eg Looked After Child / Child in Care / Adopted). Attach separate sheet as required

Present Parish or Church attended:………………………………………………………………………………….

How long have you worshipped there? …………………years

Name of Parish Priest: …………………………………………………………………………………………….

How often do you attend mass? Weekly  Less often 

**Siblings who will be on roll at Margaret Roper at time of admission**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**  |  | **Date of Birth:**  |  **Year:**  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

*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 15th January in the year of admission.**

***I wish to 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' Admissions Policy (attached) and will notify the school of any changes in my circumstances.***

**Signature of parent/carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***For Office Use Only***

|  |  |
| --- | --- |
|  | **Baptism Certificate**  |
|  | **Priest’s Reference(s)**  |
|  | **Utility Bill**  |

SupplementaryInformationForm Admission