

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 <u>Head Teacher: D. J Mooney</u> Assistant Head Teachers: C. Garcia, E. Holloway

SUPPLEMENTARY INFORMATION FORM (SIF)

Please refer to the Admissions Policy when completing this form.

- Completion of the Common Application Form (CAF) available from your own Local Authority is mandatory.
- Completion of this SIF is not mandatory but, in the absence of the evidence it contains, your application may be ranked under Criterion 10, Any other children.

PART 1: To be completed by ALL applicants

Child's surname		Christian names
Date of birth	Religion	Attach copy of Baptism Certificate (if applicable)
Home address		(у арржава)
Telephone	Email addres	ss
Parent/Carer: Title	. Full name	Religion
Siblings who will be on rol	ll at Margaret Roner at time	e of admission:
-		
Do you wish to record an	y exceptional medical, socia	al or pastoral needs of your child? YES / NO professional authority. See Admissions Policy, Tie Break iii
Roman Catholic applicant	ts: Church attended	
Name of Parish Priest		
	Mass?* wee	
read the Admissions Polic Oversubscription Criteria	cy and understand that Go	ny child to Margaret Roper Catholic Primary School. I have vernors will allocate places in accordance with the published ation given on this form is accurate and truthful and will es.
Signature of Parent/Care	r	Date
Full Name (print)		

Attach the following:

- Original utility bill (proof of residence dated within the last 3 months)
- Copy of Baptism Certificate (if applicable)
- Evidence of exceptional medical, pastoral or social needs of the child (if applicable)

Please now ask your Priest or minister/faith leader to complete Part 2 OR Part 3 as applicable then return this form to the school no later than 15 January 2023.



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PART 2: To be completed by Roman Catholic Priests only

Prospective pupil's name:		D.O.B
Comments from Priest:	VEC	
know the prospective pupil	YES	NO
know the Parents/Carers		
can confirm that the prospective pup	il attends Mass (outside of Covid-	19 restrictions)
Weekly	Less than weekly	I cannot confirm Mass attendance
can confirm that the parent/carer att	ends Mass (outside of Covid-19 re	estrictions)
Weekly	Less than weekly	I cannot confirm Mass attendance
Any other comments to clarify Mass at	tendance:	
riest's signature:	Pa	rish:
riest's name: (print)	Te	l:
Parish stamp or seal:		
PLEASE FORWARD THIS FORM	1 TO MARGARET ROPER SCHOO	OL to arrive no later than 15 January 2023.
PART 3: To be compl	eted by ministers / leaders	of other denominations or faiths
Parents/Carers of applicants from othe	er denominations or faiths should	hand this form to their minister or equivalent
sking them to complete the section be	elow and return it as soon as poss	sible to the school indicated above.
confirm that this family are members	of our faith community	The family is not known to me
Name of minister:		Denomination/faith:
Parish or faith community:		
Address:		Tel:
Signed:		Date:
		arrive no later than 15 January 2023.

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 given and for the prevention and detection of fraud in relation to admission applications.