

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 Head Teacher: D. J Mooney 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		
Home address			
			.Postcode
Telephone	Email addre	ess	
Parent/Carer: Title	Full name		Religion
·	exceptional medical, social ence from an appropriate pro	•	of your child? YES / NO ity. See Admissions Policy, Tie Break iii
Roman Catholic applican	ts:		
Church attended			
Name of Parish Priest			
How often do you attend of Covid-19 restrictions, se	Mass?* week ee Admissions Policy, Note f.	kly	less frequently *outside
Admissions Policy and un Oversubscription Criteria	derstand that Governors wil	Il allocate places i tion given on this	ic Primary School. I have read the n accord with the published form is accurate and truthful and will
Signature of Parent/Carer	ſ	I	Date
Full Name (print)			

- Original utility bill (proof of residence dated within the last 3 months)
- Copy of Baptism Certificate (if applicable)

Attach the following:

• 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.



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Caring, Learning and Achieving together as part of God's Family

PART 2: To be completed by Roman Catholic Priests only

Prospective pupil's name:		D.	O.B			
Comments from Priest:	Yes	No				
I know the prospective pupil						
I know the Parents/Carers						
Weekly	Less than weekly	Į.	can confirm that the prospective pupil attends Mass (outside of Covid-19 restrictions) cannot confirm			
Mass attendance		·				
Weekly	Less than weekly	a r	I can confirm that the parent/carer attends Mass (outside of Covid-19 restrictions)			
I cannot confirm Any other comments to clarify Mass attendance:						
•	Pa					
PLEASE FORWARD THIS FORM TO MARGARET ROPER SCHOOL.						
Parents/Carers of applicants from them to complete the section be	•	hand this form t the school indica The famil	o their minister or equivalent asking ated above. y is not known to me			
Name of minister:		Denominatio	n/faith:			
Parish or faith community:						
Address:		Tel:				
=		Date:				
DI EASE EODWADD THIS EODA	A TO MADGADET DODED SCHOOL					

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.