

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.
- The religious reference form (Parts 2 & 3) need only be completed if your child has been baptised into the Catholic Church or you are a practising member of another denomination or faith. If you are of no faith, or you choose not to complete this part of the form, your child will still be considered for a place, so please complete only Part 1.

PART 1: To be completed by ALL applicants

Child's surname	Christian names		
Date of birth	Religion	Attach copy of Ba	ptism Certificate (if applicable)
Home address			
		Postcode	
Telephone	Email addres	SS	
Parent/Carer: Title	. Full name	Religion.	
•	•	or pastoral needs of your child? YES / NO fessional authority. See Admissions Policy,	Tie Break iii
Roman Catholic applican	its:		
Church attended			
Name of Parish Priest			
How often do you attend ALL Applicants:	Mass? weekly	less frequently	
Admissions Policy and un	derstand that Governors will I confirm that the informati	ret Roper Catholic Primary School. I have rall allocate places in accord with the publishing given on this form is accurate and truth	ed
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)

If your child has been baptised into the Catholic Church or you are a practising member of another denomination or faith, please now ask your Priest or minister/faith leader to complete Part 2 *OR* Part 3 as applicable then *all applicants* should return this form to the school no later than 15 January 2024 (for Reception Admissions deadline).



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

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		
I can confirm that the prospective pupi	l attends Mass	
Weekly	Less than weekly	I cannot confirm Mass attendance
I can confirm that the parent/carer atte	ends Mass	
Weekly	Less than weekly	I cannot confirm
Any other comments to clarify Mass at	 tendance:	Mass attendance
Priest's signature:	Pa	arish:
Priest's name: (print)	Te	ıl:
Parish stamp or seal:		
-	•	of other denominations or faiths hand this form to their minister or equivalent askin
them to complete the section below ar		
I 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:

PLEASE FORWARD THIS FORM TO MARGARET ROPER SCHOOL OFFICE

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.