



Diocese of Arundel & Brighton – Crawley Deanery

St John' Catholic Primary School, Horsham

Supplementary Information Form (SIF)

For Admission in 2017 - 2018

Please note:

- For a Reception class entry in September 2017, this form should be completed and returned by 15th January 2017 to Rhoda Hatton, Office Manager, St. John's Catholic Primary School at the address shown below. A Common Application Form (CAF), available from the local authority should be completed and returned to the local authority.
- For an in-year application, this form should be completed and returned to St. John's Catholic Primary School at the address below as soon as possible.
- Whilst completion of the SIF is not mandatory, if a completed SIF is not received, the governors can only consider applications within the last criterion of the admissions procedures, i.e. 'Any other children'.
- Applicants must complete Part 1.
- Catholic applicants should complete Part 2a and Part 4 (and Part 5 if applicable). The form should then be handed to your parish priest or priest at the church where you normally worship for him to complete Part 2b. You are then responsible for returning the completed form to the school.
- If you are not a Catholic but a member of another Christian denomination, please complete part 3a and Part 4 (and complete Part 5 if applicable). Then hand the form to your minister/faith leader who will add his/ her comments in Part 3b. You are then responsible for returning the completed form to the school.

PART 1 (To be completed by parents or carers of applicants)

Student's details (*delete as applicable):

<i>First name(s):</i>	<i>Gender:</i>
	<i>Male/Female*</i>
<i>Surname:</i>	<i>Date of birth:</i>
<i>Student's home address:</i>	
<i>Postcode:</i>	
<i>(The above must be a residential property that is your child's only or main resident – see note in Admission Policy)</i>	

Parent/Carer details:

<i>Parent/Carer's name:</i>	<i>Title (e.g. Mr/Mrs/Ms/Miss):</i>
<i>Address:</i>	
<i>Contact Telephone Number:</i>	<i>Email Address:</i>

Pre-school details:

Present School/ Nursery	Telephone Number:
Address:	
..... Postcode:	

Siblings:

Name(s) of brothers or sisters at this school who will be attending at date of admission:	
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Details of Religion - If no faith insert 'x' in the box

Religious denomination of child (e.g. Roman Catholic):	
Date and place of baptism (if applicable):	
Copy of baptism certificate is enclosed	Yes / No (please circle as applicable)
Religious denomination of Father:	
Religious denomination of Mother:	

PART 2a (To be completed by CATHOLIC APPLICANTS)

I normally attend Mass as follows:	
Saturday evening vigil at: (time)	Sunday at: (time)
I live in the following Parish:	My usual place of worship (if different) is:
If you have recently moved to the parish, please give details of your previous parish:	
I attend Mass:	
*Weekly or at least three times a month / Once or twice a month / Less than once a month / I do not attend	
*Please circle relevant response	

PART 2b (To be completed by CATHOLIC PRIESTS ONLY)

*complete as applicable

I am satisfied that the child is a baptised Catholic (or where applicable), has been received into the Church	Yes <input type="checkbox"/> No <input type="checkbox"/>
*I certify that has signed this self-declaration form in my presence and that the information he/she has given concerning his/her religious practice is accurate to the best of my knowledge.	
*I certify that has signed this self-declaration form in my presence. I have recorded below in the comments section, any reservations that I may have concerning the accuracy of the information on religious practice.	
Priest's comments on attendance at Mass as detailed above by applicant:	
Priest's signature:	Parish stamp:
Date:	

PART 3A (To be completed by APPLICANTS of OTHER CHRISTIAN DENOMINATIONS)

I live in the parish/faith community of:	
My usual place of worship (if different) is:	
If you have recently moved, please give details of your previous parish or designated place of worship:	
How often do you attend services?	<input type="checkbox"/> Weekly or at least 3 times/month <input type="checkbox"/> Once or twice a month <input type="checkbox"/> Less than once a month <input type="checkbox"/> Do not attend

PART 3B (To be completed only by MINISTERS/FAITH LEADERS of OTHER CHRISTIAN DENOMINATIONS) *complete as applicable

I am satisfied that the child has been baptised/dedicated/become a member of the faith	Yes <input type="checkbox"/> No <input type="checkbox"/>
*I certify that has signed this self-declaration form in my presence and that the information he/she has given concerning his/her religious practice is accurate to the best of my knowledge	
*I certify that has signed this self-declaration form in my presence. I have recorded below in the comments section, any reservations that I may have concerning the accuracy of the information on religious practice.	
Priest's comments regarding attendance at the services detailed above:	
Name of minister/faith leader:	Denomination:
Signature:	Address:
Date:	Telephone number:

PART 4 (To be completed by ALL parents or carers)

I confirm that I have completed a local authority Common Application Form (CAF) <input type="checkbox"/> Yes <input type="checkbox"/> No	
I confirm that I have read and understood the Admissions Policy and that the information I have given on this form is accurate and truthful. I understand that I must notify the school immediately if there is any change to these details and that should any information I have given prove false, the Governors may withdraw any offer of a place even if the child has already started school:	
Signed by Parent/Carer:	Date:

PART 5 (ONLY to be completed by parents or carers where medical/social needs apply)

If your child has exceptional medical or social needs that make this school particularly suitable for them, please provide the information you may feel is relevant to this application in relation to the school's admissions policy. Strong and relevant evidence will be required to support your statement and must be supplied by an appropriate, professional authority e.g. qualified medical practitioner, education welfare officer, social worker or priest. Please continue on a separate sheet if necessary):