

Supplementary Information Form



St Columba's Catholic Boys' School

Halcot Avenue, Bexleyheath DA6 7QB Telephone: 01322 553236
 Email: admissions@st-columbas.bexley.sch.co.uk
 Website: www.st-columbas.bexley.sch.uk

Please print out, complete in BLOCK CAPITALS and return this form to the School Office. When returning this form, please bring original Baptismal Certificate and proof of child's home address (eg utility bill).

CHILD'S DETAILS

Forename Surname.....

Date of Birth.....

PARENT/ GUARDIAN DETAILS

Forename Surname.....

Home Address of Child

..... Postcode

Email Address Tel: Landline..... Mobile

Child's Religion.....

Name of Church normally attended.....

Name of Parish Priest/Minister.....

Does the Family attend Mass at least 3 out of 4 Sundays? Yes No Please tick appropriate box

If the child has brother/sister attending St Columba's, St Catherine's or Christ the King: St Mary's 6th Form College, please give name(s) and attendance. This information will be used in the event of the tie-breaker as stated in our Admissions Policy section 3.2.

Name St Columba's St Catherine's Christ the King

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Please add here any other information you may feel is relevant to this application in relation to the school's admissions policy in respect of exceptional medical, social or pastoral needs of your child that make only this school suitable for them. Strong and relevant evidence must be provided by an appropriate professional authority (eg qualified medical practitioner, education welfare officer, social worker or priest). Use separate sheet if needed.

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Signed(Parent/Guardian) Date

Instructions to the priest, minister or other faith leader

To be completed by Catholic Priests only Please tick appropriate boxes

I am satisfied that the child is a baptised Catholic Yes No

Are the parents known to you? Yes No Is the child known to you? Yes No

How long have the parent(s) attended your church?

Regular attendance at Mass (ie at least 3 out of 4 Sundays)? Yes No

Please comment, if appropriate, **only** to clarify the Mass attendance above

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Priest's Name..... Parish (or chaplaincy).....

Address

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Postcode..... Email Address

Parish stamp or seal

Priest's Signature Date

To be completed by ministers of other denominations or faiths only Please tick appropriate boxes

Non-Catholic parents/carers from other denominations should hand this form to their minister or equivalent who should complete the section below and return it as soon as possible to the school indicated overleaf.

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

.....

Postcode..... Email Address

Signed Date

FOR SCHOOL USE ONLY

Baptised at..... Date.....

Baptismal Certificate seen? Yes No Birth Certificate seen? Yes No

Proof of Address seen? Yes No Date of receipt of evidence

Record of telephone calls/emails/enquiries etc

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