

Supplementary Information Form



St Columba's Catholic Boys' School

Halcot Avenue, Bexleyheath DA6 7QB Telephone: 01322 553236

Email: admissions@st-columbas.bexley.sch.uk

Website: www.st-columbas.bexley.sch.uk

Please print out, complete in **BLOCK CAPITALS** and return this form to the School Office.

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| <p>CHILD'S DETAILS</p> <p>Surname.....</p> <p>Forename.....</p> <p>Date of Birth Tick to confirm copy of Birth Certificate is attached <input type="checkbox"/></p> <p>Home Address of Child</p> <p>.....</p> <p>Postcode Tick to confirm copy of proof of address (e.g. utility bill) is attached <input type="checkbox"/></p> <p>PARENT/CARER DETAILS</p> <p>Surname.....</p> <p>Forename.....</p> <p>Mobile Landline</p> <p>Email</p> <p>Child's Religion Tick to confirm copy of Baptismal Certificate is attached <input type="checkbox"/></p> <p>Name of Church normally attended</p> <p>Name of Parish Priest/Minister</p> <p>Does the Family attend Mass at least 3 out of 4 Sundays? Yes <input type="checkbox"/> No <input type="checkbox"/> Tick appropriate box</p> <p>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 tick which school. This information will be used in the event of the tie-breaker as stated in our Admissions Policy section 3.2.</p> <p>Name St Columba's <input type="checkbox"/> St Catherine's <input type="checkbox"/> Christ the King <input type="checkbox"/></p> <p>Name St Columba's <input type="checkbox"/> St Catherine's <input type="checkbox"/> Christ the King <input type="checkbox"/></p> <p>Name St Columba's <input type="checkbox"/> St Catherine's <input type="checkbox"/> Christ the King <input type="checkbox"/></p> <p>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 (e.g. qualified medical practitioner, education welfare officer, social worker or priest). Use a separate sheet if needed.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | <p style="text-align: center;">FOR SCHOOL USE ONLY</p> <p><input type="checkbox"/> Birth Certificate confirmed</p> <p>DATE <input type="text"/></p> <p><input type="checkbox"/> Proof of address confirmed</p> <p>DATE <input type="text"/></p> <p><input type="checkbox"/> Baptismal Certificate confirmed</p> <p>DATE <input type="text"/></p> |
| <p>Signed <input style="width: 400px; height: 20px;" type="text"/> (Parent/Carer) Date <input style="width: 150px; height: 20px;" type="text"/></p> | |

INSTRUCTIONS TO THE PRIEST, MINISTER OR OTHER FAITH LEADER

To be completed by Catholic Priests only

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 (i.e. at least 3 out of 4 Sundays)? Yes No

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

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

Address
.....

Postcode Email

Parish stamp or seal

Priest's Signature Date

To be completed by ministers of other denominations or faiths only

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

Signed Date

FOR SCHOOL USE ONLY

Record of telephone calls/emails/enquiries etc

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