

Admissions for September 2012 Intake



THIS PART IS TO BE KEPT BY THE PRIEST: NOT TO BE SENT TO THE SCHOOL

PART A. YOUR SELF-ASSESSMENT: *CONFIDENTIAL TO THE PRIEST*

This part of the form requires you to consider your responsibilities. It will be used by the priest when he completes Part B. Part B of the form will be returned to the school by the Priest. You may need to ask for more than one copy if you are making application to more than one Catholic school. **Part A is confidential to you and the priest and will not be supplied to the school**

Name of Father ¹ Parish of Residence: Are you a Catholic? ² Yes/No Which church do you normally attend? How often do you normally attend Mass? ² weekly / fortnightly / monthly / other: For how long has this Practice been? _____years	Name of Mother ¹ Parish of Residence: Are you a Catholic? Yes/No Which church do you normally attend? How often do you normally attend Mass? weekly / fortnightly / monthly / other: For how long has this Practice been? _____ years
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Address:³

Postcode

Telephone

If you do not attend regularly, you may wish to give reasons below. Please also give any other details which may be relevant or useful.

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¹ 'Mother' or 'Father' includes all persons who legally have **parental responsibility** for the child. If more than two, please give details on a separate sheet. If not mother or father, please state clearly the relationship with the child.

² To be a Catholic, you must have a Baptism or Reception Certificate from a Catholic Church.

³If the child lives at more than one address, please give both and give full details in the space above.



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Information about the Child

Name _____

Date of Birth _____

Please indicate, for your child, the date and place of reception of the Sacraments of:

Baptism: (Please show the child's Baptismal Certificate to the Priest)

First Holy Communion: _____

Sacrament of Reconciliation (First Confession): _____

If you or your child participate or contribute to parish activities, you may wish to indicate below.

Why do you wish your child to attend a Catholic school?

I understand and accept that the information given on this sheet remains confidential and will not be shared with the school, or used in any way except for purposes connected with my/our pastoral care within the Catholic Church.

Signature of Mother _____ Date _____

Signature of Father _____ Date _____

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PART B. PRIEST'S REFERENCE:

TO BE RETURNED TO

SCHOOL (please insert name of school)

Please give this form to a priest who can support your application for a place at a Catholic school. Part B will be completed by the priest and returned directly to the school. He may retain Part A for reference or return it to you but **it will not be supplied to the school.**

Parent to complete

Name of Child _____

Name of Parent(s) _____

Home Address (*The normal family home**)

Post code

Telephone

**This is where the child normally lives. The address of another relative or a temporary address is not acceptable. Any attempt to mislead the school may result in the withdrawal of an offer of a place, particularly where proximity to the school forms part of the governing body's policy for admissions. If the child lives at more than one address, please give the address which is relevant in accordance with the admission criteria of the school.*

Priest to complete

- | | | | |
|---|--|-----|----|
| 1 | The parents are known to me | Yes | No |
| 2 | The child is known to me | Yes | No |
| 3 | Having read the Guidance to Priests, I consider this child to be a member of a practising Catholic family. | Yes | No |

Date _____

Priest's signature _____

Parish Crimp Seal

(to be applied **over** the priest's signature)

Name of Priest: _____ Position _____

Thank you for taking the time to complete this form. We are grateful for your prompt attention. Please could you ensure the form is returned to the Admissions Secretary at the school named above by (January 15 2012) at the latest.



SUPPLEMENTARY FORM

THIS PART TO BE RETURNED DIRECTLY TO THE SCHOOL

Holy Cross Catholic Primary School
St. Joseph's Catholic Primary School
St. Mary's Catholic Primary School
St. Thomas of Canterbury Catholic Primary School

Refer to notes of guidance before completing.
For photocopying purposes, please complete clearly in block letters using black ink.
A separate form is needed for each Catholic school applied for.

To be completed by the Parent(s)/Guardian(s) of practising Catholic families, or those of other denominations, and returned directly to the school by the **closing date of 15th January 2012**

Child's Date of Birth: _____ Male/Female* please delete

Religion: _____

Date and place of Baptism: (please attach a copy of the Baptism certificate)

Details of any brothers or sisters who will be already attending the school at the date of admission:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name and address of current school/nursery _____

Signature of Mother: _____ Signature of Father: _____