



# The Marist Catholic Primary School

OLD WOKING ROAD, WEST BYFLEET, SURREY KT14 6HS

Tel. 01932 344477 www.marist.surrey.sch.uk

## Pupil Admission - Supplementary Information Form (SIF)

**This form must be submitted to The Marist School by 15<sup>th</sup> January 2017**

Please complete this form when applying for a place at The Marist Catholic Primary School.

Applicants should complete Part 1 and Part 4 (and Part 5, if applicable).

Catholic applicants should also complete Part 2A and hand it to your parish priest or priest at the church where you normally worship for him to complete Part 2B. **The applicant** should then return the form to the school.

If the applicant is not a Catholic but a member of another Christian denomination or from another faith, please also complete part 3A and then hand the form to your minister/faith leader who will add his/ her reference in Part 3B. **The applicant** should then return the form to the school.

### NOTE:

1. **The applicant must also complete and return a Common Application Form (available from & returnable to the Local Authority)**
2. **While it is not mandatory to complete a Supplementary Information Form (SIF), if the school does not receive a completed SIF, the governors will only be able to consider the application based on the information provided to the Local Authority on the CAF. Unless you are applying under criterion 8, 10 or 14, this could result in being allocated a lower priority ranking.**
3. **Please provide proof of home address and proof of Baptism (or Dedication) when submitting this form to the school**

### PART 1 (To be completed by the Parent/Carer submitting this form)

Surname of child:		Forename(s) of child:			
Child's date of birth:	Boy		Girl		
Child's home address*:					
Postcode:					
Parent /Carer Name:					
Contact Tel:			Email:		
Name of Sibling who will be attending the school at the time of admission					
Faith Declaration: - If your child is a member of the Catholic Church or another denomination or faith, please complete A) or B) below, as appropriate - If neither A) or B) applies to your child, please go straight to Part 4 of this form.					
A) I confirm the child is a member of the Catholic Church. <input type="checkbox"/> Yes Date and place of Baptism (or Reception into Church if applicable): _____ If 'yes', now go to Part 2A					
OR					
B) I confirm the child is a member of another denomination/faith. <input type="checkbox"/> Yes Which denomination/faith? _____ Date and place of Baptism/Dedication (if applicable): _____ If 'yes', now go to Part 3A					

\* This should be a residential property that is your child's only or main residence at which your child spends the majority of weekday nights. (see note (e) in admission policy).

**PART 2A (To be completed by CATHOLIC APPLICANTS)**

Are you resident in the West Byfleet parish? Yes <input type="checkbox"/> No <input type="checkbox"/>		Usual place of worship (if different)	
If you've recently moved to the parish please give details of your previous parish:			
Attendance at Mass from 1 <sup>st</sup> May 2016 to 30 <sup>th</sup> November 2016	Weekly or at least 3 times a month		Once or twice a month
	Less than once a month		Do not attend

**PART 2B (To be completed by CATHOLIC PRIESTS ONLY)**

I am satisfied that the child is a baptised Catholic or (where applicable) has been received into the Church Yes  No

Evidence of the child's practice provided by Parents/Carers:

Is the parent/ carer known to you? (Yes / No)	
Has the parent /carer attended Mass in the period 1 <sup>st</sup> May 2016 to 30 <sup>th</sup> November 2016	
Attendance at Mass weekly or at least 3 times a month	
Attendance at Mass once or twice a month	
Attendance at Mass less than once a month	
Does not attend Mass	

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

\_\_\_\_\_

Priest's name: \_\_\_\_\_

Parish (or ethnic chaplaincy): \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Priest's signature: \_\_\_\_\_ Parish stamp or seal:

Date: \_\_\_\_\_

**Instruction to the priest:** Please complete Part 2B and return form to parents to send to Mrs T Wort at The Marist Catholic Primary School by 15<sup>th</sup> January 2017

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

Name of other Christian denomination/Other faith of which the child is a member?
Name of Minister/Faith Leader of other Christian denomination/Other Faith:
Address of Minister/Faith Leader:

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

I am satisfied that the child has been baptised/dedicated/become a member of the faith Yes  No

Name of minister/faith leader: \_\_\_\_\_

Denomination/faith: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Minister/faith leader signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Instruction to minister/faith leader:** Please complete Part 3B and return form to parents to send to Mrs T Wort at The Marist Catholic Primary School by 15<sup>th</sup> January 2017

**PART 4 (To be completed by the Parent / Carer submitting this form)**

I confirm that I have completed a Local Authority Common Application Form Yes  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 that I have given prove false, the governors may withdraw any offer of a place even if the child has already started school.

Signed: \_\_\_\_\_ Parent/Carer Date: \_\_\_\_\_

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

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 or social needs **of your child** that make only this school particularly 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).

*(Continue on a separate sheet if necessary)*

