



SUPPLEMENTARY INFORMATION FORM

For Reception entry from September 2024

PART 1 (To be completed by all parents or carers)

Surname of child: _____ **First name of child:** _____

Date of Birth: _____ **Boy** **Girl**

Religion / Denomination: _____
(e.g. Roman Catholic)

Date and place of Baptism: _____
(Please bring the original Baptism Certificate with you)

Parents' names: _____

Names of any siblings who will be attending St Teresa's School in September 2024:

Home address: _____ **Postcode:** _____

Contact numbers: Home: _____ **Mobile:** _____
(Mother / Father / Carer)

Email address: _____

If Catholic, indicate the Mass your family normally attends:

Saturday at ____ (time) **Sunday at** ____ (time)

Parish in which you live: _____ **Usual place of worship (if different):** _____

How long have you worshipped there? _____ **years**

If you attend two or more places of worship, please provide a Supplementary Information Form for all parishes. If you have not worshipped at this Parish for two years or more you will need an additional Supplementary Information Form/letter from your previous Priest.

How often do you attend Mass?

Every Week **Less frequently than every week** **Do not attend**

Other Information The governing body may give priority to an application within a category where evidence is provided, at the time of application, of an exceptional social, medical or pastoral need of the child which makes the school particularly appropriate for the child in question. Supporting, written evidence must be provided by a qualified medical practitioner or social worker. The supporting evidence should set out clearly the particular medical and/or social reasons why St Teresa's is the most suitable school and the difficulties that would be caused if the child had to attend another school.

I confirm that the information we have given on this form is accurate and truthful:

Signed: _____ **Parent / Carer** **Date:** _____

PART 2: Priest/Minister's Declaration:

Section A – Catholic Priest

Section B – Minister/Other Faith Leader

Section A (Catholic Priest only) PARENT(S)/CHILD

I am satisfied that the child is a baptised Catholic:

Yes

No

Is/are the parent(s)/child known to you and attends Mass: **Weekly**

Less frequently than every week

Non-attendance at Mass

How long has the parent(s)/child worshipped at your church?

Two years or more

Less than two years

(If the parent(s)/child has worshipped for less than two years, an additional Supplementary Information Form/letter will be required from your previous Parish Priest).

Priest's name and address of Parish: *(If not St Teresa's, Morden)* _____

Tel: _____

Parish stamp or Seal:

Priest's Signature: _____ **Date** _____

Section B. (To be completed by Church Minister/Other Faith Leader)

Minister's/Faith Leader's Name: _____

Address of place of worship: _____

Tel: _____

Church/Place of worship stamp or seal:

Priest/Minister's Signature _____ **Date** _____

If you have any other comments or there are exceptional circumstances to Part 1, or with reference to church attendance, please provide information as an attachment to this form.

Supplementary Information Form to be handed to the school once completed, signed and stamped.

The closing date for Reception Applications for September 2024 is 15 January 2024.