



**Surname of child:** \_\_\_\_\_

**Christian/Forenames 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:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Contact numbers: Home:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

(Mother / Father / Carer)

**If Catholic, indicate the Mass you/your child normally attend:**

**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)**

**FAMILY/CHILD**

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

Is the parent(s)/child known to you and attend Mass: Weekly   
Less frequently   
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: \_\_\_\_\_

Address: (If not St Teresa's, Morden) \_\_\_\_\_

Tel: (If not St Teresa's Morden) \_\_\_\_\_

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:

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

Priest/Minister's Signature: \_\_\_\_\_ Date \_\_\_\_\_

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