



Archdiocese of Southwark Supplementary Information and Priest's Declaration Form

This form should be completed when applying for a place in a Catholic School in The Archdiocese of Southwark. Please complete and sign the form below and hand it to your parish priest or the parish priest at the church at which you normally worship. He will add his reference and forward the form to the school to which you wish to apply. If you are not a Catholic, please hand the form to your minister or equivalent who will add his or her reference.

PART ONE - To be completed by the parents or guardians

School to which you are applying: St Joseph's Camberwell Catholic Schools' Federation
Address of School Pitman Street, Camberwell, London SE5 0TS - JUNIORS

Child's Surname _____ First Name _____

Date of Birth _____ Boy _____ Girl _____ Religion _____

Date and place of Baptism (if applicable): _____
(If Catholic, please show your parish priest or the priest at your normal place of worship, a certificate of baptism in a Catholic church or a certificate of reception into full communion with the Catholic Church or other evidence of baptism)

PARENT/CARER DETAILS

Surname _____ First Name _____

Relationship to child _____ Religion _____

Home address: _____

Postcode _____

Contact numbers: Home _____ Work _____ Mobile No _____

If **Catholic**, indicate which Mass you normally attend (time): Saturday Evening/Sunday at _____

Parish in which you live (eg Sacred Heart, St. Wilfrids, St Philip & St. James) _____

Usual place of worship (if different): _____

How long have you worshipped there? _____ years

How often to you attend Mass? _____ weekly _____ once or twice a month _____ less often _____

Details of other children in the family who are currently attending St. Joseph's Junior School in years,3,4, 5,and/ or 6 and St Joseph's Infants School in Years 1 and/or 2.

Name	Date of birth	Current School (if any)
_____	_____	_____
_____	_____	_____

Please add here any other information you may feel is relevant to this application in relation to the school's Admission Policy in respect of exceptional medical, social or pastoral needs of your child that can make only this school suitable for them. Strong and relevant evidence must be provided by an appropriate professional authority, e.g. qualified Medical Practitioner, Educational Welfare Officer, Social Worker or Priest. (Continue on a separate sheet if necessary).

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

Signed: _____ Parent/Carer Date: _____

NB You must also apply for your child's school place online
www.southwark.gov.uk/schooladmissions

St Joseph's Camberwell Catholic Schools' Federation
Pitman Street, Camberwell, London SE5 0TS

NAME OF CHILD	DATE OF BIRTH	TELEPHONE
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PART TWO - To be completed by the Catholic priest only

Is the family known to you? Yes <input type="checkbox"/> No <input type="checkbox"/> Regular attendance at Mass <input type="checkbox"/> (i.e every Saturday evening or Sunday) Occasional attendance at Mass <input type="checkbox"/> (i.e twice a month) Irregular attendance at Mass <input type="checkbox"/> (i.e Less than once a month) Not Known <input type="checkbox"/>	Is the child known to you? Yes <input type="checkbox"/> No <input type="checkbox"/> Regular attendance at Mass <input type="checkbox"/> (i.e. every Saturday evening or Sunday) Occasional attendance at Mass <input type="checkbox"/> (i.e twice a month) Irregular attendance at Mass <input type="checkbox"/> (i.e Less than once a month) Not Known <input type="checkbox"/>
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Comments: (If Appropriate) Please continue on a separate sheet if necessary.

I am satisfied that the child is a baptised Catholic/enrolled catechumen

I am satisfied that the child has been received into full communion with the Catholic Church.

Priest's name: _____

Parish (if any): _____

Address: _____ Tel.: _____

Priest's signature: _____ **Parish stamp or seal:**

Date: _____

Parents/carers from other denominations or faiths 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 over

PART Two B - To be completed only by a minister or equivalent

I confirm that this child/family is known to me and they are members of our faith community

I confirm that this family are members of our faith community Parish stamp or seal:

The Family is not known to me

Name: _____ Signed: _____ Date: _____

Position: _____ Parish or Organisation: _____

Please provide any further information you may feel relevant to this application on a separate sheet.

Instructions to the priest, minister or other faith leader:

Please complete and return this form without delay to the Clerk to the Governors at the Catholic School indicated overleaf. Do **not** return the form to the parents or carers.

ORIGINAL BIRTH & BAPTISMAL CERTIFICATES MUST BE ENCLOSED WHEN RETURNING FORMS