

St Peter and St Paul Catholic Primary Academy

Promoting high quality education, love, care and forgiveness of others as taught to us by Jesus and our Patron Saints.



Principal: Mrs J Seymour

NURSERY SUPPLEMENTARY INFORMATION FORM (SIF)

Please complete and sign Part I of this form and, if you are Catholic, ask your parish priest to complete Part II. Please could you return the form, together with the documents set out at the end of Part I, to the school office. PLEASE NOTE:

This form does not automatically give your child a place in this Nursery. It only confirms that you wish your child to be considered for admission. A Bromley Common Application Form ("CAF") must be completed. If a CAF is not completed your application cannot be considered and your child could end up without a place.

PART I

FULL NAME OF CHILD:			
DATE OF BIRTH:		BOY/GIRL	
NAME OF PARENT/GUA	RDIAN (with whom child resides)		
Relationship to child:	Parent Guardian G	Foster Carer Private Foster Carer*	
	ibility will be required in all applica		
28 days by people who are not the	eir parents or a close relative. Please provide su	care if they are cared for on a full-time basis, for more than apporting documents from Social Care re. status of any ed After Children (LAC) under the published admission	
ADDRESS:		_	
POSTCODE:			
HOME TELEPHONE:	MOBILE:		
Proof of Residence will be required in all Applications			
HOME AUTHORITY (1	1 1 1 1 0	977	
Please attach copy of your C	authority to which you pay your Counc	cii I ax):	
		which I A.	
If the child is in public care of a Local Authority (LA), please state which LA: (and attach documentation to verify)			
(and attach documentation to verify)			
SIBLINGS* ALREADY AT THIS SCHOOL (living at the same address):			
*a sibling is defined as a full brother or sister or step/ half brother or sister living at the same address, a child who is living as part of the family unit			
		lt of being "looked after" by the Local Authority.	
Name:	Nam		
Date of Birth:		of Birth:	
NB Only a child with a broth published criteria.	ther or sister at the school at the beginning of t	heir first term will qualify for a sibling place under the	
DETAILS OF PARENT N	OT LIVING WITH THE CHILD:		
Full Name:			
Address:			
Telephone No			

YOUR CHILD'S RELIGION:			
Roman Catholic	Hindu 🔲		
Church of England	Jewish		
	* ⊔		
Baptist	Muslim		
United Reform Church	Sikh		
Methodist	Buddhism		
Other (Please specify)	No Religion		
IF ROMAN CATHOLIC DETAILS OF CHURCH ATTENDED:			
Name of Parish Priest:			
Name and Address of Church you attend:			
How long have you worshiped there?			
Which Mass do you normally attend:			
How often do you attend Mass? Weekly Fortnightly Monthly Other			
THE INFORMATION I/WE HAVE GIVEN ON THIS FORM IS COMPLETE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF I/WE GIVE FALSE INFORMATION ANY PLACE OFFERED TO BY CHILD			
MAY BE WITHDRAWN.			
SIGNATURE(s) OF APPLICANT(s) – IN THE CASE OF THE CHILD LIVING WITH BOTH PARENTS IT WOULD HELPFUL IF BOTH WOULD SIGN.			
Signature:	Signature:		
Name:	Name:		
Date:	Date:		
Proof of Right of Residency if not UK or EU Citizen Baptism Certificate (if appropriate i.e. Roman Catholic or Christian) Current Council Tax Bill Current Child Benefit Form Current Utility Bill			
PART II			
To be completed by Roman Catholic priests only			
I am satisfied that the child is a baptised Catholic.	Yes No		
PARENT/CARER	CHILD		
Are the parents known to you? Yes No No	Is the child known to you? Yes No		
Attends Mass: Weekly	Attends Mass: Weekly		
Fortnightly	Fortnightly		
Monthly	Monthly		
Other	Other		
How long have the parent(s) attended your church?	How long has the child attended your church:		
220 2018 and the office of our order			
Priests Name: Parish: Date:			
Priests Signature: Parish Stamp or Seal			

If you have lived in the Parish for less than six months please provide a concurrent, supporting reference from your previous Parish Priest.