



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

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 school. 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/GUARDIAN (with whom child resides)			
Relationship to child:	Parent <input type="checkbox"/>	Guardian <input type="checkbox"/>	Foster Carer <input type="checkbox"/> Private Foster Carer* <input type="checkbox"/>

Proof of Parental responsibility will be required in all applications.

*Private Fostering: Children under 16 or 18 if disabled, may be in private foster care if they are cared for on a full-time basis, for more than 28 days by people who are not their parents or a close relative. Please provide supporting documents from Social Care re. status of any identified arrangement. Children in Private Foster Care will not qualify as Looked After Children (LAC) under the published admission criteria.

ADDRESS:	_____

POSTCODE:	_____
HOME TELEPHONE:	MOBILE:
<i>Proof of Residence will be required in all Applications</i>	

HOME AUTHORITY (the authority to which you pay your Council Tax): <i>Please attach copy of your Council Tax Form</i>
If the child is in public care of a Local Authority (LA), please state which LA: <i>(and attach documentation to verify)</i>

SIBLINGS* ALREADY AT THIS SCHOOL (living at the same address):	
<i>*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 by reason of a Court Order or a child who has been placed with foster carers as a result of being "looked after" by the Local Authority.</i>	
Name:	Name:
Date of Birth:	Date of Birth:
NB Only a child with a brother or sister at the school at the beginning of their first term will qualify for a sibling place under the published criteria.	

DETAILS OF PARENT NOT LIVING WITH THE CHILD:	
Full Name:	_____
Address:	_____

Telephone No	_____

YOUR CHILD'S RELIGION:

Roman Catholic	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Church of England	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Baptist	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
United Reform Church	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Methodist	<input type="checkbox"/>	Buddhism	<input type="checkbox"/>
Other (Please specify)	-----	No Religion	<input type="checkbox"/>

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 BE HELPFUL IF BOTH WOULD SIGN.

Signature: _____

Signature: _____

Name: _____

Name: _____

Date: _____

Date: _____

DOCUMENTS REQUIRED:

Birth Certificate
 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

<u>PARENT/CARER</u>	<u>CHILD</u>
Are the parents known to you? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the child known to you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Attends Mass : Weekly <input type="checkbox"/>	Attends Mass : Weekly <input type="checkbox"/>
Fortnightly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>
Monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>
How long have the parent(s) attended your church?	How long has the child attended your church:

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.