



Diocese of Arundel & Brighton – Lewes Deanery
St Joseph's Catholic Primary School, Hazelgrove Road, Haywards Heath, RH16 3PQ
Tel: 01444 452584 e-mail: office@stjosephshh.org.uk

Supplementary Information Form For admission in 2016/17

This form should be completed when applying for a place at St Joseph's Catholic Primary School.

ALL applicants should complete Part 1 and Part 4 (and Part 5, if applicable)

Catholic applicants should also complete Part 2A and then hand it to their priest for him to complete Part 2B. He will then return the form to the school (St Paul's Parish Priest, telephone number 01444 450139)

If you are not a Catholic but a member of another Christian denomination or from another faith, please also complete Part 3A and then hand the form to your minister/faith leader who will add his/her reference in Part 3B before returning the form.

NOTE: While it is not mandatory that you complete a Supplementary Information Form (SIF), if the school does not receive a completed SIF, it is likely that governors will only be able to rank the application within the last oversubscription criterion.

You must also complete and return a Common Application (available from and returnable to the Local Authority).

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

Name of School to which you are applying: St Joseph's Catholic Primary School

Address of school: Hazelgrove Road, Haywards Heath, West Sussex, RH16 3PQ

Surname of child: _____ Forename(s) of child: _____

Date of birth: _____ Boy Girl

Child's home address*: _____

Postcode: _____

1st Parent/Carers Name: _____ Parent/Carer Contact Tel: _____

2nd Parent/Carers Name: _____ Parent/Carer Contact Tel: _____

Faith Declaration

- If your child is a member of the Catholic Church or another denomination or faith, please complete A) or B) below

- If neither A) or B) applies to your child, please go straight to Part 4 of this form

A) I confirm the child is a member of the Catholic Church Yes

Date and place of Baptism (or Reception into Church if applicable): _____ If 'yes', go to Part 2A

OR

B) I confirm the child is a member of another denomination/faith Yes

Which denomination/faith? _____

Date and place of Baptism (if applicable): _____ If 'yes', go to Part 3A

* This should be a residential property that is your child's only or main residence at which your child spends the majority of weekday nights (see note in admission policy)

PART 2A (To be completed by CATHOLIC APPLICANTS) Mass attendance over last year

Mass normally attended: Saturday evening vigil at _____ (time) or Sunday at: _____ (time)

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

If you have recently moved to the parish, please give details of your previous parish _____

How often have you attended Mass in the past 12 months?

Weekly or at least 3 times/month

Less than 3 times per month

Do not attend

Revised March 2015

PART 2B (To be completed by CATHOLIC PRIESTS ONLY)

I am satisfied that the child is a baptised Catholic (or, where applicable, the parent has been received into the Church)

Yes No

**Please delete as appropriate:*

*I certify that _____ has signed this self-declaration form and that the information he/she has given concerning the child's religious practice is accurate to the best of my knowledge.

*I certify that _____ has signed this self-declaration form. I have recorded below, under 'comments', any reservations that I may have concerning the accuracy of the information on religious practice.

Please comment, if appropriate, only to clarify the Mass attendance above:

Priest's name: _____ Parish (or ethnic chaplaincy): _____

Address: _____ Tel: _____

Priest's Signature: _____ Date: _____

Parish stamp or seal:

Instruction to the priest: Please complete Part 2B and return the form to St Joseph's School

PART 3A (To be completed by APPLICANTS of OTHER CHRISTIAN DENOMINATIONS/OTHER FAITHS)

Parish / faith community in which you live: _____

Usual designated place of worship (if different): _____

If you have recently moved, please give details of your previous parish or designated place of worship:

Instruction to the parent/carer: Please complete Part 3A and pass to the family's faith leader as soon as possible.

PART 3B (To be completed only by MINISTERS/FAITH LEADERS OF OTHER DENOMINATIONS/FAITHS)

I am satisfied that the child has been baptised/dedicated/become a member of the faith Yes No

Name of minister/faith leader: _____	Denomination/Faith: _____
Address: _____	Tel: _____
Minister/faith leader signature: _____	Date: _____

Instruction to minister/faith leader: Please complete Part 3B and return form to St Joseph's School

PART 4 (To be completed by ALL parents or carers)

I confirm that I have completed a Local Authority Common Application	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I confirm that I have read and understood the Admissions Policy and that the information I have given on this form is accurate and truthful. I understand that I must notify the school immediately if there is any change to these details and that should any information I have given prove false, the governors may withdraw any offer of a place even if the child has already started school:		
Signed: _____	Parent/Carer	Date: _____

PART 5 (ONLY to be completed by parents or carers where medical/social needs apply)

Please add here any other information you may feel relevant to this application in relation to the school's admissions policy in respect of exceptional medical or social needs of your child that make only this school particularly suitable for them. Strong and relevant evidence must be provided by an appropriate professional authority (eg qualified medical practitioner, education welfare officer, social worker or priest). Continue on a separate sheet if necessary.



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Tel: 01444 452584 Fax: 01444 414760

Name of child: _____

Application form and all relevant paperwork received.

Date Stamp:

School Copy



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Date Stamp:

Parent Copy