

ST JOAN OF ARC CATHOLIC SCHOOL

A High Performing Specialist Science, Maths, & Computing College

High Street, Rickmansworth, Hertfordshire WD3 IHG

Telephone: (01923) 773881 Fax: (01923) 897545

SUPPLEMENTARY INFORMATION FORM (SIF) 2015/2016

(To be returned to the school for every Child's Application)

For int	ernal use only:			
Criteria: _	Priority:	Date Received:	Original Baptism Certificate Seen: Yes / No - Date:	
Please	complete this fo	orm clearly in black in	nk	
1.	Child's Surname:		Christian Name(s):	
	Sex:		Date of Birth:	
	Address:			
			Post Code:	
	Home telephone r	number:	Other contact details:	
	Parish of regular v	worship:		
	Primary School:			
2.	(Original Certificat		te 2) en and photocopied by St Joan of Arc School – al Certificate will be returned to you immediately)	Yes/No
	If your answer to the above question is no is your child a baptised Christian? (See Note 4) (Original Certificate of Baptism must be seen and photocopied by St Joan of Arc School)			
		ave a brother/sister curre 2015? (See Note 3)	ntly attending the school who will be on	Yes/No
	If yes, please give	e name(s) of sibling(s) & t	utor group(s)	
	Please read the o	versubscription criteria ar	nd tick which criterion you are applying under:	
	☐ Criterion (1)	Catholic children look	red after by a local authority (read Note 1)	
	Criterion (2)	Children from practis	ing Catholic families (read note 2)	
	Criterion (3)	Children from other C	Catholic families (read note 2)	
	Criterion (4)	Other children looked	l after (read Note 1)	
	Criterion (5)	Siblings, other than the	nose covered in criterion (1) to (4) (read note 3)	
	Criterion (6)	Baptised children of	other Christian denominations (read note 4)	
	Criterion (7)	Applications from ch	ildren not covered by criterion 1 - 6	
	I understand that within each criteria applications will be considered in accordance with the priority order as identified in the full Admissions Policy Yes / No			
	I have enclosed m	ny child's original Baptism	al Certificate	Yes / No
	Have you complet	ted a Hertfordshire CAF o	or your own LA CAF form	Yes / No
	(You must complete a Hertfordshire CAF (Common Application Form) if you live in Hertfordshire or your own LA (Local Authority) CAF if you live outside of Hertfordshire. These forms are available either from			











The Governors will increase the priority of an application within each criterion where there is compelling evidence of an exceptional social, medical or pastoral need of the child which can only be met at this school. This **must** be supported by recent detailed documentary evidence from an appropriate professional submitted **with** the application form.

Are there any Exceptional Social, Medial or Pastoral Needs that you wish the Governors Admission Panel to consider as part of your child's application (see Note 5)

Yes / No

Do	ront/Cuardian Full Name (Printed)	
	rent/Guardian Full Name (Printed)	
T	O BE RETURNED TO THE SCHOOL OFFICE BY: 31 ST OCTOBER 2	2014 (TBC)
Checklist for Parents		
•	Original SIF Form returned to St Joan of Arc Catholic School by above deadline	
•	Diocese of Westminster Priests Reference Form signed by Priest and Part B returned to St Joan of Arc Catholic School by above deadline	
•	Original Baptism Certificate presented to St Joan of Arc Catholic School with SIF form	
•	Local Authority Application Forms completed and returned to relevant Local Authority by deadline	