



# Supplementary Information Form

This form should be completed when applying for a place at Good Shepherd Catholic Primary and Nursery School. Please complete and sign the form below and, if you are Catholic, hand it to your parish priest at the church at which you normally worship, to complete Part 2. If you are not Catholic, please hand the form to your minister (or equivalent) who will complete Part 3.

**Note: You must also complete and return a Common Application Form (available from the school and/or Local Authority)**

### PART 1 (To be completed by all parents or carers)

First name of child: \_\_\_\_\_

Surname of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Religion/Denomination: (eg Roman Catholic): \_\_\_\_\_ Boy  Girl

Date and place of Baptism (if applicable): \_\_\_\_\_

Parents' names: \_\_\_\_\_

Parents' religions/denominations: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Contact telephone numbers: \_\_\_\_\_ (Mother/Father/Carer)

If **Catholic**, indicate which Mass you normally attend: Saturday at \_\_\_\_\_ (time)  
or Sunday at \_\_\_\_\_ (time)

Parish in which you live (Good Shepherd, St Columbus): \_\_\_\_\_

Usual place of worship (if different): \_\_\_\_\_

How long have you worshipped there? \_\_\_\_\_ years. If you have recently moved to the parish, please give details of your previous parish \_\_\_\_\_

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

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

**Please attach a copy of the child's Baptism Certificate.**

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

Signed:..... Parent/carers Date:.....

**PART 2 (To be completed by Catholic priests only)**

I am satisfied that the child is a baptised Roman Catholic or a baptised member of a Church that is in full communion with Rome. Yes  No

If no, are the parents/child enrolled in a RCIA/RCIC programme? Yes  No

Is the family known to you? Yes  No

Regular attendance at Mass (i.e. weekly) Yes

Occasional attendance at Mass (i.e. once or twice a month) Yes

Irregular attendance at Mass (i.e. less than once a month) Yes

How long has the family attended your church? \_\_\_\_\_

Priest's name: \_\_\_\_\_ Parish (or ethnic chaplaincy): \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Priest's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parish stamp or seal

**PART 3 (To be completed only by ministers of other denominations or faiths)**

**Non-Catholic parents/carers from other denominations or faiths should hand this form to their minister or equivalent asking them to complete the section below and return it as soon as possible to the school indicated over.**

I confirm that this family are members of our faith community  The family is not known to me

Minister's name: \_\_\_\_\_

Denomination/faith: \_\_\_\_\_

Parish or faith community: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Minister's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Place of worship stamp or seal

**Instructions to the priest, minister or other faith leader:**

Please complete and return this form to the parents/carers.

The deadline for the parent to return this to school is 15<sup>th</sup> January.