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English Martyrs’ Catholic Primary School

Flint Street, Walworth, London SE17 1RB

Tel: 0207 703 4726 Fax: 0207 277 1743

[www.englishmartyrsrcprimary.co.uk](http://www.englishmartyrsrcprimary.co.uk)

Head Teacher: Mrs H. Appah

## 

**PLEASE PRINT CLEARLY**

**Supplementary Form - Statement of Catholicity**

**CHILD’S DETAILS**

**Surname**........................................................ **Forenames**:…………………………..................................

**Known As**: …………...............….............……...............……. **DOB**........................ **Male/Female**............

**Ethnic Background**……………………………………

**Sibling(s) name /year group attending English Martyrs’ School**………………………………......................

**Doctor’s name/address......................................................................................................................**

**First aid will be applied but not medicines- please liaise with the school if this is applicable**

**PARENTAL DETAILS- This can be completed by one parent**

**Full Names of**

**Mother/Carer/Legal Guardian**

Name 1.…………………………………………………………………............................................…………

Address........................................................................................... Full Post Code................................

Telephone number..............................Mobile Number ........................................................................

Email address..........................................................................................................................................

**Father/Carer/Legal Guardian**

Name 2.………………………………………………………………………………………………………...........

Address…………………………………………………………………… Full Post Code.................................

Telephone number ……………………………………..Mobile Number..………………………………..........

Email address..........................................................................................................................................

**Date & place of child’s baptism**...............................................................................................................

Parish in which you live...........................................................................................................................

Church attended..........................................................................................................................

**How regularly:**

**Weekly** **Most weeks** **Monthly** **Several times a year** **Never**

Governors will take into account frequency of mass attendance when determining catholic commitment and practice. Applications evidencing most frequent attendance will be prioritised above those showing less regular attendance at mass. If you consider there are valid reasons for Mass attendance to be considered equivalent to weekly, because of illness or other reasons, please state below.

……………………………………………………………………………………...…………...................................

Parish Members Verification: **I verify that this family is known to me and the information regarding mass attendance is correct.**

Priest’s Name .......................................Parish........................................................................................

Parish Priest’s signature:............................................................................................................................

Church Stamp:

Ministers of other faiths please tick box below.

Child is a member of the faith and attends church weekly, most weeks,

Monthly, Several times a year

Minister’s Signature…………………………………….………………….….Date…………………….…………

Is there any other information which the school should be aware of and which may support your child’s application (medical history/special educational needs or education health care plan/special circumstances (Admissions Criteria) ) Please attach an additional sheet to this application if so required.

Please return this form (statement of Catholicity) to the school office

**TOGETHER WITH ALL DOCUMENTS LISTED BELOW** for photocopying

Attached to this form is: Parents Office

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Statement of Catholicity Form

Short Birth Certificate

(only required after a place has been offered)

Baptismal Certificate/Certificate of Reception

into Full communion with the Catholic Church

or other evidence of baptism

Proof of address (i.e. recent council tax bill

With at least on parent’s name shown or a

utility bill less than 3 months old)

I have received a copy of the Governors’ Admissions Policy and understand that completion of this form is not a promise of a place at the school. I/we have read and understood the attached Admissions Policy for the school. A place in the reception class is not guaranteed until a written offer has been received from the local authority (on behalf of the Governors). For all other year groups the offer letter will be signed by the head teacher.

Parent/Carer/Legal Guardian’s signature....................................................................

Please print name………………………………...........................................................

Date………………………….....……... Date Received…………....….……………………