

St. James The Great

Roman Catholic Primary and Nursery School Windsor Road - Thornton Heath CR7 8HJ

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Supplementary Information Form for September 2025 Reception Admissions

The closing date for receipt of this form and the supporting documentation is **noon**, 13th January 2025.

Forms should be returned to the school office along with the originals of the requested documentation. If you submit any original documents by post that you wish to have returned, please include a self-addressed, stamped envelope with this form. Completion of this form does not guarantee a place in the school.

You must also complete a **Common Application form** via EAdmissions, ensuring that it is submitted by the published closing date in order for this form to be valid. Please read the Admissions Policy that accompanies this form.

Child's Surname:	Date of Birth:
First Name/s:	Female: Male:
Religion of the child:	Certificate provided? Yes No
Evidence of the child's religion, such as the original Baptismal Certificate, will r	need to be seen by the school
Parent/Carer 1 Name: Religion:	
Parent/Carer 2 Name: Religion:	
Address:	
Home Tel No: Email:	
Parent/Carer 1 Mobile No:	No:
<u>Original documentation</u> of the following will need to be seen by the school <u>in c</u>	order to process this form.
Birth certificate Proof of Address	
Does your child have a sibling that will be attending the school at the intended tip provide the name and current year group of the sibling.	me of admission? If yes, please

Commitment to religious practice

The Governors of the school will require reference/s for mass attendance at the date of application. If your family has changed its place of worship recently or if your family worships in more than one Parish, please ensure references are provided from both Parish churches. Further copies of the form may be obtained via the school office or the school website. All references must be supplied to the school by the closing date specified above.

The Reference form which forms part of your application should be completed by your Parish Priest or Minister and returned to the school office with the rest of your application form and documentation.

If you attend a Catholic church, please complete the **Catholic Reference Form**. For mass attendance at places of worship of other religious denominations, please complete the **Dedication Reference Form**. If preferred, your Priest (or Minister) is welcome to use their own reference form in place of the attached one provided.

Catholic Reference Form enclosed	Ded	lication Reference Form en	nclosed
The church where the family usually worsh	hips:		
If your family worships regularly in more	than one parish, please prov	vide details:	
Additional reference/s from previous/other	r parish(es) enclosed if app	licable	
How often do you attend Mass (or services	s of another religious denor	nination)?	
Weekly 3 times a month	Fortnightly	Once a month	Less frequent
If Catholic, please indicate which Mass time	ne you normally attend:	Saturday at	(time)
		Sunday at	(time)
If your family does not attend Sunday Mass on a weekly basis, you should provide furt Sunday attendance, do you attend on anoth make their decision on the allocation of p which you feel is relevant to the admission doctor, hospital, health visitor, social work that any additional pages are firmly attached	ther information - for exampler day? The Governors replaces so please provide any scriteria including, where a ser etc. Please include this	ple if your work schedule of quire as much information y additional information al appropriate, supporting evi-	does not always permit as possible in order to bout your child/family dence e.g. letter/s from
I have/have not attached further page(s) to	this document (please dele	ete as appropriate)	
I confirm that the information provided in	regard to the application is	accurate and truthful.	
Signed:		(Parent/Carer) Date:	

If any of the information provided on this form changes before you are notified of the outcome of your application, please inform the school office in writing immediately. If you fail to do so or if you provide information, which is found to be deliberately inaccurate or misleading, the school reserves the right to withdraw any offer of a place.



Catholic Parish Reference Form for September 2025 Reception Admissions

Please give this form to your Parish Priest for completion	on and return to the school by the publish	ned deadline.
Child's Name:		
Parent(s)/Carer(s) Name(s):		
Address:		
I am satisfied that the child is Baptised Catholic (please of	circle as appropriate): Yes No	
Parent/Carer	Child	
Are they known to you? (please circle) Yes No	Are they known to you? (please circle)	Yes No
How often do they attend Mass? (please tick below)	How often do they attend Mass? (please	e tick below)
Weekly	Weekly	
3 times a month	3 times a month	
Fortnightly	Fortnightly	
Once a month	Once a month	
Less than once a month	Less than once a month	
Have they attended your church for 3 or more years? (please circle) Yes No	Have they attended your church for 3 of years? (please circle) Yes No	or more
If no, how long have they attended?	If no, how long have they attended?	
Any comments you may wish to add regarding the abo	ove: Parish Stamp	/Seal
Priest's Name:		
Parish Name:		
Parish Address:		
Telephone Number and email address:		•••••
Priest's Signature:	Date:	



Dedication Reference Form (for other Religious Denominations) for September 2025 Reception Admissions

Please give this form to your Priest/Minister for comp	pletion and return to the school by the published deadlin	
Child's Name:		
Parent(s)/Carer(s) Name(s):		
Address:		
I am satisfied that the child has been Christened/Bapt	tised (please circle as appropriate): Yes No	
Parent/Carer	Child	
Are they known to you? (please circle) Yes No	Are they known to you? (please circle) Yes No	
How often do they attend Mass? (please tick below)	How often do they attend Mass? (please tick below)	
Weekly	Weekly	
3 times a month	3 times a month	
Fortnightly	Fortnightly	
Once a month	Once a month	
Less than once a month	Less than once a month	
Have they attended your church for 3 or more years? (please circle) Yes No	Have they attended your church for 3 or more years? (please circle) Yes No	
If no, how long have they attended?	If no, how long have they attended?	
Any comments you may wish to add regarding the a	above: Parish Stamp/Seal	
Priest's Name:		
Parish Name:		
Parish Address:		
Telephone Number and email address:		
Priest's Signature:	Date:	