



**SUPPLEMENTARY INFORMATION FORM (SIF)**

Please refer to the Admissions Policy when completing this form.

- Completion of the Common Application Form (CAF) available from your own Local Authority is mandatory.
- Completion of this SIF is not mandatory but, in the absence of the evidence it contains, your application may be ranked under Criterion 10, Any other children.

**PART 1: To be completed by ALL applicants**

Child's surname ..... Christian names .....

Date of birth ..... Religion ..... **Attach copy of Baptism Certificate**  
(if applicable)

Home address .....

.....Postcode.....

Telephone ..... Email address .....

Parent/Carer: Title ..... Full name .....Religion.....

Do you wish to record any exceptional medical, social or pastoral needs of your child? **YES / NO**  
If YES, please attach **evidence from an appropriate professional authority**. See Admissions Policy, Tie Break iii

**Roman Catholic applicants:**

Church attended .....

Name of Parish Priest .....

How often do you attend Mass?\*  weekly  less frequently \*outside  
of Covid-19 restrictions, see Admissions Policy, Note f.

**ALL Applicants:**

**I wish to apply for the admission of my child to Margaret Roper Catholic Primary School. I have read the Admissions Policy and understand that Governors will allocate places in accord with the published Oversubscription Criteria. I confirm that the information given on this form is accurate and truthful and will notify the School of any changes in my circumstances.**

Signature of Parent/Carer ..... Date .....

Full Name (print) .....

**Attach the following:**

- **Original utility bill** (proof of residence dated within the last 3 months)
- **Copy of Baptism Certificate** (if applicable)
- **Evidence of exceptional medical, pastoral or social needs of the child** (if applicable)

Please now ask your Priest or minister/faith leader to complete **Part 2 OR Part 3** as applicable then return this form to the school.



## ARCHDIOCESE OF SOUTHWARK

### CERTIFICATE OF CATHOLIC PRACTICE

#### Details of child (for identification only)

Full name of child: \_\_\_\_\_ Address of child: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am [the child's parish priest] [the priest in charge of the Church where the child practices] **[delete as applicable]**

I hereby certify that this child is known to me and, to the best of my knowledge and belief, the child is a practising Catholic.

Priest's name \_\_\_\_\_ Position \_\_\_\_\_

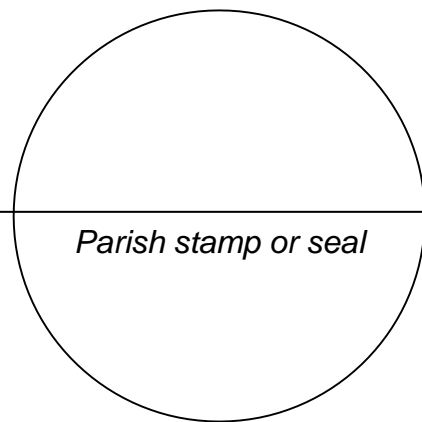
Parish (or ethnic chaplaincy) \_\_\_\_\_

Address

\_\_\_\_\_

Telephone \_\_\_\_\_

Priest's signature \_\_\_\_\_



*Parish stamp or seal*

Date \_\_\_\_\_