



Nursery 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)

Email: _____

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 15th January.