



<b>CHILD'S NAME:</b>
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**ADMISSION DATE:** SEPTEMBER 2017

## St Philip Howard Catholic High School SUPPLEMENTARY INFORMATION FORM

**PLEASE REFER TO OUR ADMISSIONS POLICY WHEN COMPLETING THIS FORM.**

While it is not mandatory to complete this form, if the school does not receive one, it is likely that governors will only be able to rank the application based on the information received from the Local Authority. You must also complete and return a Common Application Form (available either online or in hard copy from the Local Authority).

Parts 1 and 4: to be completed by **ALL** applicants.

On the Religious Status Certificate:

Part 2: to be completed by Catholic applicants only.

Part 3: to be completed by applicants from other Christian denominations or other faiths only.

**PLEASE USE CAPITAL LETTERS, WRITING IN BLACK INK AND RETURN COMPLETED FORM TO THE ADDRESS SHOWN AT BOTTOM.**

**PART 1 (To be completed by ALL parents or carers)**

Child's legal surname		Date of birth	
Legal forename		Gender	
Middle name(s)			
Home address*			
	Post Code		
CURRENT SCHOOL			

\*This should be a residential property that is your child's only or main residence at which your child spends the majority of weekday nights (see note in Admissions Policy)

Parent's/carer's full name inc. title			
Home tel	Mobile		
Email address			

Is the child 'Looked after' or 'Previously Looked After' by the Local Authority? YES  NO

Will your child have a sibling at the school in years 8-13 at the time of admission? YES  NO

Name of Sibling	Year at the time of Admission

**FAITH DECLARATION**

If your child is a member of the Catholic Church or another denomination or faith, please complete either (A) or (B) below, as appropriate. If neither (A) or (B) applies to your child, please go straight to Part 4 of this form.

**(A)** I confirm the child is a member of the Catholic Church. Yes   
Date and place of Baptism (or Reception into Church if applicable): .....

*If 'yes' then please also complete your details on the religious status certificate and 'Part 2A', ask your Priest to complete 'Part 2B'*

**OR**

**(B)** I confirm the child is a member of another denomination/ faith. Yes   
Which denomination/faith?.....  
Date and place of Baptism/Dedication (if applicable): .....

*If 'yes' then please also complete your details on the religious status certificate and 'Part 3A', ask your Priest/ Minister/ Faith Leader to complete 'Part 3B'*

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**PART 4 (To be completed by ALL parents or carers)**

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I confirm that I have completed a Local Authority Common Application Form : Yes  No

Parents wishing to have Exceptional & Compelling needs considered with their application must submit independent professional evidence which explains clearly why it is essential for the child to attend St Philip Howard Catholic High School (this evidence should be posted to the school by recorded delivery). Please refer to 'note c' in our admissions policy.

I confirm that I have included any supporting evidence required (eg. Baptismal Cert.) : Yes  No

Please state type of evidence attached:  
.....  
.....  
.....  
.....

(Faith applications only) The 'Religious Status Certificate' is being completed by:

Name ..... Parish .....

Address .....

Telephone .....

Applications with supporting evidence (ie baptismal certificate or Priest/Minister/ Faith Leader's letter of verification) **MUST** be returned to the school by the closing date shown below. Any incomplete applications will be considered as late, and will be ranked in accordance with information received from the Local Authority, resulting in the application being placed in a lower category. Your Priest/Minister/Faith leader will be responsible for ensuring that the 'Religious Status Certificate' (if required) is received by the closing date.

**I confirm that I have read and understood the Admissions Policy and the notes contained on this form. I confirm that the information I have given on this form is accurate and truthful. I understand that I must notify the school immediately if there is any change to these details and that should any information I have given prove false, the governors may withdraw any offer of a place even if the child has already started school.**

Signature of parent/carers .....

Print name ..... Date .....

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**CLOSING DATE FOR APPLICATIONS 31 OCTOBER 2016**

**If required, baptismal certificates and supporting evidence must accompany this form by the due date. Late applications and those without supporting evidence will be ranked in accordance with the information received from the Local Authority.**

**Elm Grove South, Barnham, West Sussex, PO22 0EN  
Tel: 01243 552055 Fax: 01243 552900**



# RELIGIOUS STATUS CERTIFICATE

Child's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address \_\_\_\_\_

Signature of Parent/Carer \_\_\_\_\_

Print Name \_\_\_\_\_

Home Tel \_\_\_\_\_ Mobile \_\_\_\_\_

## PART 2A (To be completed by CATHOLIC APPLICANTS)

*Church membership and attendance over a two year period immediately prior to the closing date for applications.*

Mass normally attended: Saturday evening vigil at: .....(time) or Sunday at: .....(time)

Parish in which you live (e.g. Bognor) ..... Usual place of worship (if different): .....

How long have you worshipped there? ..... years.

If you've recently moved to the parish, please give details if your previous parish:.....

How often do you the parent or the child attend Mass? Weekly or at least 3 times/month  Once or twice a month  Less than once a month  Does not attend

**Please ask your Priest to complete Part 2B**

## PART 2B (To be completed by CATHOLIC PRIESTS ONLY)

I am satisfied that the child is a baptised Catholic or, where applicable, has been received into the Church Yes  No

*\*Please delete as appropriate:*

\*I certify that \_\_\_\_\_ has signed this self declaration form and that the information he/she has given in 'part 2A' concerning their religious practice is accurate to the best of my knowledge.

\*I certify that \_\_\_\_\_ has signed this self declaration form. I have recorded below, under 'comments', any reservations that I may have concerning the accuracy of the information on religious practice.

Priest's name: \_\_\_\_\_ Parish stamp or seal: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parish(or ethnic chaplaincy): \_\_\_\_\_ Phone/contact number: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note to Priest/ Minister/ Faith Leader: This section of the form may be detached and returned separately, if required.

