

CATHOLIC PRIMARY SCHOOLS IN THE PORTSMOUTH AREA

ADMISSIONS 2021/22 – SUPPLEMENTARY INFORMATION FORM

Corpus Christi Catholic Primary School, St John’s Cathedral Catholic Primary School, St Paul’s Catholic Primary School, St Swithun’s Catholic Primary School

Section 1 - Pupil information *All applicants to complete*

Child’s surname:	Child’s first name:
Parent's surname:	Parent’s first name:
Address:	
Post Code:	Child's Date of Birth:

Section 2 – Tick the categories that apply *All applicants to complete*

	Tick the category if ‘yes’
1. Baptised Catholic child who is Looked After or has previously been Looked After. <i>(i) complete Section 3 & 5 if applicable. Copy of Baptism Certificate must be attached.</i>	
2, 3, 4 and 5. Baptised Catholic child. <i>If yes, you are asked to: (i) complete Section 3 if at least one of your preferred schools listed on the CAF is Corpus Christi, St John’s or St Swithun’s if applicable. (ii) All should complete Section 5 if applicable. Copy of Baptism Certificate must be attached.</i>	
6. Child (not baptised Catholic) who is Looked After or has previously been Looked After. <i>If yes, complete Section 5 if applicable.</i>	
7. Sibling of a child already at a Catholic school who will still be attending the school in the school year 2021/22. <i>If yes, complete Section 5.</i>	
8. Child who is a member of another Christian denomination. <i>If yes, complete Section 4.</i>	
9. Children from another faith tradition. <i>If yes, complete Section 4.</i>	
10. Child who does not fall into any of the above categories.	

Section 3 – Mass attendance (Note: For those who do not attend Mass, membership of the Catholic Church is simply evidenced by a baptismal certificate).		Tick the box if ‘yes’	Priest to confirm the tick by initials or signature
a) I/we have attended Sunday Mass weekly in a Catholic community for the last year.			
b) I/we have attended Sunday Mass at least monthly in a Catholic community for the last year.			
c) I/we have attended Sunday Mass less than monthly in a Catholic community for the last year.			
Name of priest of main church of worship:			
Name and address of church:			
Signature of priest named above:		Date:	
Section 4 – Other Christian denomination or faith tradition		Tick the box if ‘yes’	Religious/ faith leader to confirm the tick by initials or signature
a) I/we have been active members in our Christian/faith * community for the last year. <i>Delete Christian or faith as appropriate</i>			
Name of Christian or faith tradition			
Name of religious or faith leader of main church of worship:			
Name and address of church:			
Signature of religious/ faith leader named above:		Date:	
Section 5 – Siblings Give names of siblings attending any of the schools: Corpus Christi, St John’s, St Paul’s or St Swithun’s only and their current year group.			
Name of Sibling	Name of Catholic school attending:	Current Year group	
Declaration I certify that the information given on this form is correct. I understand that any place offered will be withdrawn if I give false information, even if my child has started at a new school.			
Signature of parent/carer:			
Name of parent/carer:			Date: