



# ST. THOMAS MORE LANGUAGE COLLEGE

Cadogan Street, Chelsea SW3 2QS



Headteacher Mr G. Connolly B.Comm., M.A., NPQH.

Telephone 020 7589 9734

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## School Information: to be completed by all parents/guardians

Child's Surname ▶ \_\_\_\_\_

Christian Name ▶ \_\_\_\_\_

Date of Birth ▶ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please give parents' surname if different ▶ \_\_\_\_\_

*Please complete the following for our records. **Please print.***

Home Address (Place where your child lives for more than 50% of the school week)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode ▶ \_\_\_\_\_

Home Telephone No. ▶ \_\_\_\_\_

Please give the full name of the person(s) legally responsible for the child.

Mr ▶ \_\_\_\_\_

Mrs/Ms ▶ \_\_\_\_\_

Please give names of sibling (brothers/sisters) attending St Thomas More Language College in the next academic year (from September 2009)

Name & Year Group(s) ▶ \_\_\_\_\_

When giving the name of a parish, please also give the name of the church. For example: Holy Apostles, Pimlico, Saint Thomas's Fulham or Saint John's Islington.

Date & Place of Child's Baptism ▶ \_\_\_\_\_

### Parish in Which You Live

Name of Parish in which you live ▶ \_\_\_\_\_

Name of Parish Priest ▶ \_\_\_\_\_

Full Postal Address ▶ \_\_\_\_\_

Name of Priest to whom you are known ▶ \_\_\_\_\_



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**Church at Which You Worship Regularly** *(if different from your Parish Church)*

Name of the Parish in which you Regularly  
Worship *(if different)* ▶ \_\_\_\_\_

Name of the Parish Priest ▶ \_\_\_\_\_

Name of Priest to whom you are known ▶ \_\_\_\_\_

How long have you been worshipping at the Church? ▶ \_\_\_\_\_

**Name of Priest who will provide reference** ▶ \_\_\_\_\_

Full Postal Address ▶  
*(if not supplied above)* \_\_\_\_\_

**Denominational Status** *(Please state to which denomination (Roman Catholic, Anglican, etc.) each of the following belongs)*

Child ▶ \_\_\_\_\_

Mother/Guardian ▶ \_\_\_\_\_

Father/Guardian ▶ \_\_\_\_\_

**Once the form is completed, return to the school by:**

***Friday 23<sup>rd</sup> October 2009***

The envelope should be addressed to:

The Admissions Officer  
St Thomas More Language College  
Cadogan Street  
London SW3 2QS

# SECTION A: Please complete and take to your Parish Priest

## Part A: Your Self-Assessment (Confidential to the Priest)

### Information about your Family

		Father of Child	Mother of Child
<b>1</b>	Name:		
<b>2</b>	Address: <i>(give both addresses if different)</i>  Telephone Number:		
<b>3</b>	Parish of <b>RESIDENCE</b> : <i>(give both parishes if different)</i>		
<b>4</b>	Are you a Catholic?	Yes / No	Yes / No
<b>5</b>	At which church do you normally worship?		
<b>6</b>	How <b>often</b> do you normally worship?	Weekly / Fortnightly / Monthly / Other:	Weekly / Fortnightly / Monthly / Other:
<b>7</b>	For <b>how long</b> has this been your practice?	_____ years / months	_____ years / months
<b>8</b>	If you do not worship at Mass regularly, or you have only recently started to do so, please give any reasons below. Please also give other details which you think may be relevant or useful.		

Continued overleaf...

**THIS PART IS TO BE KEPT BY THE PRIEST:  
NOT TO BE SENT TO THE SCHOOL**

## Part A Continued: Your Self-Assessment (Confidential to the Priest)

### Information about your Child

<b>9</b>	Child's Name:
<b>10</b>	Child's Date of Birth:
<b>11</b>	Child's Normal Address: (if different from Q. 2)
<b>12</b>	My/our child was <b>baptised</b> : on _____ (date) at _____ (place)
<b>13</b>	(If appropriate) My/our child received <b>First Holy Communion</b> : on _____ (date) at _____ (place)
<b>14</b>	(If appropriate) My/our child was prepared for the <b>Sacrament of Reconciliation</b> (First Confession) in _____ (month[s]/year) at _____ (place)
<b>15</b>	If you or your child participate in or contribute to parish activities, please indicate below.
<b>16</b>	Why do you wish your child to attend a Catholic school?

#### Parent'/Guardian' Declaration

I/we declare that the information given on this Form is true. I/we understand and accept that the information given on this sheet remains confidential and will not be shared with the school, or used in any way except for purposes connected with my/our pastoral care within the Catholic Church.

Signature of Parent(s)/Guardian(s) \_\_\_\_\_

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

**THIS PART IS TO BE KEPT BY THE PRIEST:  
NOT TO BE SENT TO THE SCHOOL**

## SECTION B: Priest's Reference (to be returned to the school)

### To be completed by the parents:

<b>17</b>	Name of Child:
<b>18</b>	Name of Parent(s):
<b>19</b>	Home Address:  Post Code:
<b>20</b>	Telephone:

### To be completed by the Priest giving the reference:

<b>21</b>	The parents are known to me	<b>Yes</b>	<b>No</b>
<b>22</b>	The child is known to me	<b>Yes</b>	<b>No</b>
<b>23</b>	The child is a member of a practising Catholic family:	<b>Yes</b>	<b>No</b>
<b>24</b>	I support this application:	<b>Yes</b>	<b>No</b>
<b>25</b>	<i>If the answers to Q23 and Q24 are not the same, and you think there are exceptional circumstances to explain this, please give your reasons below:</i>		

#### Declaration

I have read and understood the *Guidance Notes for Parish Priests on Admission to Catholic Schools* and I confirm that, on the basis described in that guidance, the above statements about the child named above and his or her family's practice are true, to the best of my knowledge and belief.

**Date:** \_\_\_\_\_ **Priest's Name:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

Parish Seal  
(to be applied over the priest's signature)

#### Parish Priest's Countersignature (Only where the Parish Priest is not giving the reference):

I confirm that the child is resident in my parish.

**Date:** \_\_\_\_\_ **Priest's Name:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

Parish Seal  
(to be applied over the priest's signature)

## SECTION C: To be completed only by priests/ministers of other denominations or faiths

### To be completed by the parents:

	Name of Child:
	Name of Parent(s):
	Home address:
	Post Code:
	Telephone:

**Non Catholic parents/cares from other denominations or faiths should hand this form to their priest/minister or faith leader who should complete the section below and return it as soon as possible to the school indicated below**

I confirm that this family are members of our faith community Yes                  No

This family is not known to me Yes                  No

Name of Minister

Denomination/Faith

Parish or other local faith community

Address

Postcode

Telephone number

Signed

Date

If there are **exceptional circumstances** please give full details below