



ST. THOMAS MORE LANGUAGE COLLEGE

Cadogan Street, Chelsea SW3 2QS



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School Information Form 2012-2013 To be completed by all parents/guardians

Child's Surname ▶ _____

First 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 ▶ _____

Does your child go to St Josephs Catholic Primary School, Cadogan Street, Chelsea SW3 5AW?
Please circle: Yes / No

Please give names of sibling (brothers/sisters) attending St Thomas More Language College in the next academic year (from September 2011)

Name & Year Group(s) ▶ _____

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

Child ▶ _____ Mother/Guardian ▶ _____

Father/Guardian ▶ _____

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 ▶ _____



Serving God, Striving for Excellence



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
1	Name:		
2	Address: <i>(give both addresses if different)</i> Telephone Number:		
3	Parish of RESIDENCE : <i>(give both parishes if different)</i>		
4	Are you a Catholic?	Yes / No	Yes / No
5	At which church do you normally worship?		
6	How often do you normally worship?	Weekly / Fortnightly / Monthly / Other:	Weekly / Fortnightly / Monthly / Other:
7	For how long has this been your practice?	_____ years / months	_____ years / months
8	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

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

To be completed by the parents:

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

To be completed by the Priest giving the reference:

21	The parents are known to me	Yes	No
22	The child is known to me	Yes	No
23	The child is a member of a practising Catholic family: (Attendance at Mass is at least once a month)	Yes	No
24	I support this application:	Yes	No
25	<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/carers 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:		
Date: _____ Signed: _____		
If there are exceptional circumstances please give full details below:		