Margaret Roper Catholic Primary School

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Russell Hill Road, Purley, Surrey, CR8 2XP Telephone: 020 8660 0115 Fax: 020 8660 9656 Email: office@margaretroper.croydon.sch.uk Head Teacher: D. J Mooney Assistant Head Teachers: C. Garcia, E. Holloway

SUPPLEMENTARY INFORMATION FORM (SIF)

Please refer to the Admissions Policy when completing this form.

- Completion of the Common Application Form (CAF) available from your own Local Authority is mandatory.
- Completion of this SIF is not mandatory but, in the absence of the evidence it contains, your application may be ranked under Criterion 10, Any other children.

PART 1: To be completed by ALL applicants

Child's surname		Christian names	
Date of birth	Religion		Attach copy of Baptism Certificate (if applicable)
Home address			
		Pos	stcode
Telephone	Email addres	5	
Parent/Carer: Title	. Full name		Religion
Siblings who will be on ro	ll at Margaret Roper at time	of admission:	
Do you wish to record an	y exceptional medical, socia	l or pastoral needs of y	our child? YES / NO See Admissions Policy, Tie Break iii
Roman Catholic applican	ts: Church attended		
Name of Parish Priest			
How often do you attend outside of Covid-19 restri	Mass?* wee ctions, see Admissions Policy	•	frequently *
read the Admissions Poli Oversubscription Criteria	cy and understand that Gov	vernors will allocate pla ation given on this form	per Catholic Primary School. I have aces in accordance with the published n is accurate and truthful and will
Signature of Parent/Care	r	Date	
Full Name (print)			
Attach the following:			

- Original utility bill (proof of residence dated within the last 3 months)
- Copy of Baptism Certificate (if applicable)
- Evidence of exceptional medical, pastoral or social needs of the child (if applicable)

Please now ask your Priest or minister/faith leader to complete Part 2 OR Part 3 as applicable then return this form to the school no later than 15 January 2023.

Caring, Learning and Achieving together as part of God's Family

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PART 2: To be com	pleted by Roman Cat	holic Priests only
Prospective pupil's name:		D.O.B
Comments from Priest:		
l know the prospective pupil	YES	NO
I know the Parents/Carers		
I can confirm that the prospective pupil attends Ma	ss (outside of Covid-19 re.	strictions)
Weekly	ss than weekly	l cannot confirm Mass attendance
I can confirm that the parent/carer attends Mass (a	utside of Covid-19 restrict	tions)
Weekly	ss than weekly	l cannot confirm Mass attendance
Any other comments to clarify Mass attendance:		
Priest's signature:	Parish:	
Priest's name: (print)	Tel:	
Parish stamp or seal:		
PLEASE FORWARD THIS FORM TO MARGA		
Parents/Carers of applicants from other denominati asking them to complete the section below and retu		-
I confirm that this family are members of our faith c	ommunity	The family is not known to me
Name of minister:		Denomination/faith:
Parish or faith community:		
Address:		el:
Signed: PLEASE FORWARD THIS FORM TO MARGARET	CER SCHOOL to arriv	Date: ve no later than 15 January 2023.

Data Protection Act 1998. The information provided on this form will be used for admission purposes only. The information may also be shared with the Local Authority to verify the information given and for the prevention and detection of fraud in relation to admission applications.

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