

**SUPPLEMENTARY INFORMATION FORM
TRANSFER TO SECONDARY SCHOOL**

**APPLICATION FOR ADMISSION FOR SEPTEMBER 2020
ENTRY TO YEAR 7**

**THOMAS MORE CATHOLIC SCHOOL
11 - 19
A SPECIALIST SCIENCE and MATHS COLLEGE**



RUSSELL HILL ROAD, PURLEY, SURREY, CR8 2XP

Tel: 020-8668 6251

Fax: 020-8660 9003

Email: schooloffice@tmore.org.uk

Please complete this form in BLOCK CAPITALS

Child's First Name(s): _____

Surname: _____

Religion of child: _____ **Local Authority where child lives:** _____

Please read the following notes before completing this form

- Applicants (parents/carers) must complete **Parts 1 and 4** (on pages 2, 3 and 6) of this form. If your child is Roman Catholic, and you can provide a reference from a Parish Priest, please ask him to complete **Part 2** (on page 4) of this form. If your child is any other religion, and you can provide a reference from a religious leader, please ask them to complete **Part 3** (on page 5) of this form. Please also include a copy of your child's baptismal/dedication certificate (if applicable) and a proof of address dated within the past three months (for example a utility bill).
- If any of the information given on this form changes before you are notified of the outcome of the application, you **must** inform the Head Teacher **in writing** immediately. Failure to do so may prejudice the application. False information or the omission of material information may result in disqualification or even the loss of a place after it has been offered, accepted or taken up. Please refer to our **Admissions Policy and Criteria for Year 7 Entry 2020** which can be found on our website for further information regarding admission to the school.
- Please make a copy of this Supplementary Information Form to retain for your information.
- **To apply for a place at Thomas More Catholic School, you must complete your local Council's Common Application Form (CAF) in addition to this Supplementary Information Form (SIF). The Supplementary Information Form can also be completed electronically on our website: www.tmore.org.uk.**

This form must be returned to the School by 31st October 2019 at the LATEST

PART 1 to be completed by the applicant (parent/carer) in BLOCK CAPITALS please

Candidate's (child's) details

First Name(s)			
Surname			
Date of Birth		Male/Female	
Country of Birth AND Nationality <i>(Required for information only)</i>		Date of arrival in the UK <i>(if applicable)</i>	
Home Address/Contact <i>(This must be the address where the child normally lives. If different from the parent's/carer's address, please give reasons)</i>			
	Postcode	Home Telephone Number	
Please attach proof of residency, e.g. utility bill			
Religion <i>e.g. Roman Catholic</i>			
Baptism/Dedication Please attach copy of Baptismal/Dedication certificate <i>(if applicable)</i>	Date, Place and Parish of Baptism/Dedication		

Applicant's (parent's/carer's) details

Applicant 1	Title	First Name	Surname
Relationship to Child <i>e.g. Mother/Father/Carer</i>			
Address, including postcode <i>(Only if different from child's address given above)</i>			
Contact Information <i>(Telephone numbers and email address)</i>	Mobile Number	Work Number	Email Address

Applicant 2	Title	First Name	Surname
Relationship to Child <i>e.g. Mother/Father/Carer</i>			
Address, including postcode <i>(Only if different from child's address given above)</i>			
Contact Information <i>(Telephone numbers and email address)</i>	Mobile Number	Work Number	Email Address

Will the child have any older siblings in this school in September 2020?

YES/NO

If YES, please give the sibling's name(s) and current Tutor Group(s):

1. _____
2. _____
3. _____

Details of your usual place of worship

Name of the Parish/place of worship <i>(e.g. St John the Baptist)</i>	
a) Name of Parish Priest or Minister or Religious Leader who has completed our reference form for you	
b) Address and contact details of Presbytery <i>(Catholic applicants only)</i>	
c) Name and address of a Minister or Religious Leader who knows you <i>(All other applicants)</i>	
d) How long have you lived in the Parish? <i>(All applicants)</i>	

Mass/religious observance attendance (please circle which applies in each case): see Admissions Policy for criteria

Candidate	Weekly	Fortnightly	Monthly	Occasionally	Never
Applicant	Weekly	Fortnightly	Monthly	Occasionally	Never

How long has this been your usual practice?

Candidate (child): _____ years

Applicant (parent/carer): _____ years

Please indicate which Mass/religious service (Saturday/Sunday and time) you and your child normally attend:

Candidate (child)	Applicant (parent/carer)
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Where did you hear about Thomas More Catholic School? _____

PART 2 to be completed by Parish Priests for Roman Catholic candidates only

Candidate's name	
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(please circle)

Is the candidate known to you?	Yes	No
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I am satisfied that the candidate is a baptised Roman Catholic or a baptised member of a Church that is in full communion with Rome	Yes	No
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Candidate's Mass attendance on Saturday evening or Sunday	Weekly	Two/three times per month
	Monthly	Less than monthly
	Other (please specify)	

How long has the candidate attended your church? <i>(Please circle)</i>	Three years or more	One/two years	Less than one year
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If you believe there are valid reasons for less than weekly Mass attendance (e.g. due to illness/disability etc), please state reasons here:

Priest's name:

Parish:

Address:

.....

.....

.....

Signature:

Date:

Parish stamp or seal

PART 3 to be completed by Ministers/Pastors/Religious Leaders for non-Catholic candidates only

Candidate's name	
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(please circle)

Is the candidate known to you?	Yes	No
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I am satisfied that the candidate is a member of my place of worship	Yes	No
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Candidate's attendance at services	Weekly	Two/three times per month
	Monthly	Less than monthly
	Other (please specify)	

How long has the candidate attended your place of worship? <i>(Please circle)</i>	Three years or more	One/two years	Less than one year
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If you believe there are valid reasons for less than weekly attendance at services (e.g. due to illness/disability etc), please state reasons here:

Minister's/Pastor's/Religious Leader's name:

.....

Place of Worship:

Address:

.....

.....

.....

Signature:

Date:

Stamp or seal

PART 4 to be completed by the applicant (parent/carer)

Please provide other information that we need to know about that you feel might be relevant to the candidate's application (such as a social or medical need which you feel is important to mention to support the candidate's application). Please continue on the back sheet if necessary.

I/We confirm that the information given on this Supplementary Form is correct. I/We have not omitted any material information.

The Admissions Committee at Thomas More Catholic School reserves the right to seek independent verification of any information supplied by the applicant. Where the Head Teacher (acting under delegated authority from the Governing Body) considers that the evidence supplied is insufficient to indicate the degree of religious commitment and practice, she, or a member of the Admissions Committee, will request clarification from the parent(s) in order to obtain such further information as may be required.

Signed: _____
(Person with parental responsibility)

Date: _____

Please ensure you include the following documentation with your application and tick the relevant boxes. Please note that original documents cannot be returned to you, so copies should be attached:

- Copy of Baptismal/Dedication validation** (if applicable)
- Copy of First Holy Communion Certificate** (if applicable)
- Copy of recent utility bill** (dated within the last 3 months)

Please return this form (with a stamped self-addressed envelope if you require a receipt) to:

**Mrs C West-Symes
Admissions Officer
Thomas More Catholic School
Russell Hill Road
Purley
CR8 2XP**

Please use this sheet to provide any further information you feel might be relevant