

VIRGO FIDELIS CONVENT SENIOR SCHOOL

147 Central Hill, Upper Norwood, London, SE19 1RS
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 www.virgofidelis.org.uk DFE NO. 3065900



SUPPLEMENTARY INFORMATION FORM 2020-21

Please return this form to Virgo Fidelis School Office. Please return this form by 18 October 2019.

Student's First Name(s)			
Student's Surname			
Date of Birth	DD/MM/YY		
Home Address (This must be the address where the child normally lives. If this is different from the parent/carer address, please give reasons for this.)			
		Postcode	
Denomination (Religion) eg Catholic, Baptist, Muslim			
Date of Baptism or dedication (Please attach copy of Baptismal Certificate)		Place and Parish of Baptism or dedication	
Date of communion (Please attach copy of communion Certificate)		Place and Parish of Communion	

Please ensure that you send copies of the requested documentation to school.
 Please do not send original certificates.

School attending at present: _____

Your Local Authority: _____

Details of Parent/Carer

Parent/Carer Title (Please circle)	Mr Mrs Miss Ms	Surname	Forename
Relationship to Student			
Address, including postcode (if different from child's address.)			
Home Tel no.	Daytime Tel. No.	E-mail Address	
Denomination			

Details of the Parish in which you worship

Name of place of worship	
Name of Parish Priest	
Address of Parish Priest including postcode	
How long have you worshipped in the Parish?	

Religious Attendance (Please circle which applies in each case):

Student	Regular attendance at Mass (i.e. weekly)	Regular attendance at Mass (i.e. fortnightly)	Occasional attendance at Mass (i.e. at least once a month)	Irregular attendance at Mass (i.e. less than once a month)
Parent/Carer	Regular attendance at Mass (i.e. weekly)	Regular attendance at Mass (i.e. fortnightly)	Occasional attendance at Mass (i.e. at least once a month)	Irregular attendance at Mass (i.e. less than once a month)

How long has this been your usual practice?

Student: _____ **Years**

Parent: _____ **Years**

Details of sibling/s who will be attending Virgo Fidelis in September 2019

Full Name	Date of Birth	Current Year Group

Please circle the relevant answer to the following questions.

Does the student have any medical need?	YES	NO
If YES please state:		
Does the student have a social or pastoral need?	YES	NO
If YES please state:		
Is the student eligible for Free School Meals?	YES	NO
Is the student eligible for Adoption Premium?	YES	NO
Is the student eligible for Pupil Premium Plus?	YES	NO

Strong and relevant evidence must be provided by an appropriate professional authority when submitting your application (eg qualified medical practitioner, education welfare officer, social worker or priest).
(Continue on a separate sheet if necessary)

Please Note: Failure to disclose any of the above will result in the place being withdrawn.

I confirm that the information given on the supplementary form is accurate and truthful. I have not omitted any material information.

Signed _____ **Date** _____
 Mother/Father/Person with parental responsibility

REMINDER: PLEASE ENSURE THAT YOU ATTACH COPIES ALL OF THE FOLLOWING DOCUMENTATION TO THIS SUPPLEMENTARY FORM:

- BIRTH CERTIFICATE OR PASSPORT
- BAPTISMAL CERTIFICATE OR DEDICATION CERTIFICATE
- COMMUNION CERTIFICATE
- RECENT UTILITY BILL

<p>For all applications for places in Year 7, please ensure that you also complete the online Secondary Transfer Form issued by the Local Authority.</p>
