



St. Anthony's Catholic Primary School

Etherow St. London SE22 0LA

Supplementary Information Form (SIF)



For applications to Nursery and Reception classes this form must be received at the school by 15/01/2019

To be completed in addition to the CAF as follows:

Parents or Carers – Page 1. Priest – Page 2. Minister or Faith Leader (ONLY if the child is not Catholic) – Page 3.

Please note instructions and additional information points in red below.

Child's Surname _____ Christian name(s) _____

Date of Birth _____ Gender: Boy Girl

Address _____ Postcode _____

Full names of Parents or Carers

1. _____ 2. _____

Contact Phone Number _____ Contact Phone Number _____

E-mail Address _____ E-mail Address _____

Address (if different from above) _____ Postcode _____

Date of Baptism of child as a Catholic _____ Church & Place of Baptism _____

Religion of Parents or Carers 1. _____ 2. _____

Names and Classes of siblings enrolled at St. Anthony's _____

Is there any other information which the school should be aware of and which may support your application?
E.g. medical history, special educational needs, special circumstances

Please attach additional sheets as necessary

Parent's or Carer's Signature(s) _____ Date _____

Please return all forms together with originals of the following 2 for verification to the school office.

1. A Certificate of Baptism in a Catholic church or a Certificate of Reception into Full Communion with the Catholic Church or other evidence of baptism
2. A recent official Local Authority/utilities bill or letter, as proof of address, dated after September 2018



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Reference of Catholicity



Child's Surname _____ Christian name(s) _____ Date of Birth _____

Parish of Residence _____ Place of worship if different from Parish _____

Priest _____ How long have you worshipped there? _____

Please indicate which Mass you normally attend: Saturday Evening/Sunday at _____ (Time)

How often do you attend Mass?

Weekly or Most Weeks Once or Twice a Month Less Often Never

In assessing Catholic commitment and practice, Governors take into account frequency of Mass attendance. Applications evidencing most frequent attendance will be prioritised above less regular attendance. Please obtain an additional reference from previous parish if attendance at this parish is less than 2 years.

To be completed by Parish Priest

Is this family known to you? Circle ONE				Yes	No
Are you satisfied that this child is a baptised Roman Catholic or a baptised member of a Church that is in full communion with Rome? Circle ONE				Yes	No
How often does this family attend Mass? Circle ONE	Weekly or Most Weeks	Once or twice a month	Less Often	Never	
How long has this been their normal practice? Circle ONE	2 years or more		Less than 2 years		
Please provide any other information you may wish the school to consider relating to this family's Mass Practice					
Name of Parish/ Ethnic Chaplaincy					
Name of Priest					
Priest's Signature				Date:	
Parish Stamp or Seal					



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Reference of Faith

Only to be completed if the child is not Catholic.



Child's Surname _____ Christian name(s) _____ Date of Birth _____

To be completed by Minister or Faith Leader

Is this family known to you? Circle ONE		Yes	No
Is this family a member of your parish or faith community? Circle ONE		Yes	No
Name of Minister or Faith Leader			
Name of Parish or Faith Community			
Signature of Minister or Faith Leader		Date	
Parish Stamp or Seal			