**ST ALOYSIUS’ COLLEGE**

**SUPPLEMENTARY INFORMATION (Faith criteria application)**

 **Child’s Details**

|  |  |
| --- | --- |
| Child’s surname:  |  Child’s Christian or other first name: |
| Home Address:  |  Present School: |
|  Postcode: | Date of Birth: |

**Parent/Carer Details**

|  |  |
| --- | --- |
| Parent(s)/Carer(s) Full Name:  | Telephone number: |
| Email Address: |
| Address (if different from above):  |
| Alternative Contact Name:  |  Telephone number: |
|  Email Address: |
| Address:   |

**Religion** **of Child** (please tick one)

|  |  |  |
| --- | --- | --- |
| Catholic | Other Christian (please state name of denomination e.g Methodist)  | Other Faith  |
| Catholic Parish you live in:  |
| Church where child was baptised and date of baptism: Please attach a photocopy of your child's Baptismal Certificate.  |   |
| Name and Address of your place of regular worship (if not Catholic): |  |
| Name and position of priest providing Certificate of Catholic Practice or religious leader supplying letter confirming membership of the faith community (where appropriate): |   |
| Names of brothers or sisters at this school: | Class or Year Group of Sibling: |
| Is your child ‘looked after’ by the Local Authority, adopted or subject to a ‘child arrangements’ or special guardianship order having previously been ‘looked after’? (Please circle) | **YES**  | **NO** |

**I confirm that I have read and understood the Admissions Policy and that the information I have provided is correct. I understand that I must notify the school immediately if there is any change to these details and that should any information I have given prove to be inaccurate that the governors may withdraw any offer of a place even if the child has already started school.**

Signed……………………………………………………………… Date…..…………………

|  |  |
| --- | --- |
| **Please note:**Where applicable parents can obtain a Certificate of Catholic Practice from the priest at the parish where the family normally worships or from the Diocese of Westminster website at [www.rcdow.org.uk/schools](http://www.rcdow.org.uk/schools) (follow ‘for parents’ if applying for a place under the “practicing Catholic” criteria)Applicants from other Christian denominations and other faiths may attach a letter from their minister or religious leader confirming membership of the faith community. You **must** complete your local authority’s Common Application Form on line If you do not do this you will not be offered a place  | **Checklist: Have you enclosed?** Copy of baptism certificate(where necessary)Certificate of Catholic Practice (where necessary) Letter confirming membership of a Faith community from a religious leaderEvidence of exceptional need (where appropriate) **Have you completed** your local authority’s Common Application form |

The school is committed to protecting the information provided by parents/carers and using it only for the purpose for which it was obtained. For information on the school’s Privacy Notice please look on the school website under Privacy Notice or contact the school for a hard copy



**BISHOPS’ CONFERENCE OF ENGLAND AND WALES**

# CERTIFICATE OF CATHOLIC PRACTICE

**Details of child (for identification only)**

Full name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am [the child’s parish priest] [the priest in charge of the Church where the family practises] **[delete as applicable]**

I hereby certify that this child and his/her family are known to me and, to the best of my knowledge and belief, the child is from a practising Catholic family.

Priest’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish (or ethnic chaplaincy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Priest’

s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_

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*Parish stamp or seal*

Date\_\_\_\_\_\_\_\_\_\_\_\_\_