



# St Osmund's Catholic Primary School

## Supplementary Information and Priest's Declaration Form

### For entry to the school in 2010/2011



Fidem Fateri Vita

This form should be completed when applying for a place at St Osmund's Catholic Primary School. Please complete and sign the form below and hand it to your parish priest or the parish priest at the church at which you normally worship. He will add his declaration and forward the form to the school. If you are not a Catholic, please hand the form to your minister or equivalent who will add his or her declaration.

**Applicants of no faith are not required to complete this form.**

#### To be completed by the parents or carers

Surname of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Christian/forename name(s) of child: \_\_\_\_\_ Boy / Girl

Religion: eg Catholic, CofE etc \_\_\_\_\_

Date and place of Baptism (if applicable): \_\_\_\_\_

(If Catholic, please show your parish priest or the priest at your normal place of worship, 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)

Parents' or carers' names: \_\_\_\_\_

Parents' or carers' religions: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Contact numbers: \_\_\_\_\_ Mother/Father/Carer)

If **Catholic**, indicate which mass you normally attend (time): Saturday (vigil) / Sunday at \_\_\_\_\_

Parish in which you live (eg St Osmund's, Barnes) \_\_\_\_\_

Usual place of worship (if different): \_\_\_\_\_

How long have you worshipped there? \_\_\_\_\_ years

How frequently do you attend Sunday mass?      weekly      once or twice a month      less often

*Please write here any other information you feel is relevant to this application in relation to the school's admission criteria only or evidence of exceptional, medical, social or pastoral needs of your child that make only this school suitable for him or her. Strong and relevant evidence must be provided by an appropriate professional authority (eg qualified medical practitioner, education welfare officer, social worker or priest). Continue on a separate sheet if needed.*

I confirm that the information I/we have given on this form is accurate and truthful:

Signed: \_\_\_\_\_ Parent/carers Date: \_\_\_\_\_

**NB if applying for a place in Reception starting in September or January, you must also complete and return a Richmond Common Application Form** (available from the school or Richmond Council).

St Osmund's Catholic (Voluntary Aided) Primary School, Church Road, Barnes, London SW13 9HQ  
Tel.: 020 8748 3582 F.: 020 8846 9589 www.st-osmunds.richmond.sch.uk

**Catholic parents/carers:**

Please hand this form to your parish priest or to the priest at your usual church of worship.  
(Please note that your parish priest must have known you for a sustained period in order to be able to complete this section. If you have recently moved, please copy this form and ask your previous parish(es) to complete it as well).

**Note to Catholic priest:**

Please complete and forward this form to St Osmund's Catholic Primary School as soon as possible.  
**Do not return the form to the applicant.**

**To be completed by the Catholic priest only**

The **family** is known to me through (please tick): -                      The **child** is known to me

Regular attendance at Sunday mass  
(i.e. a vigil mass on Saturday evening or a mass on Sunday every week)

Occasional attendance at Mass  
(i.e. once or twice a month)

Irregular attendance at Mass  
(i.e. less than once a month)

Not known

I am satisfied that the child is a baptised Catholic or has been received into full communion with the Catholic Church

Priest's name: \_\_\_\_\_

Parish (if any): \_\_\_\_\_

Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

Parish stamp or seal

Priest's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Comment**

*(Please comment, if appropriate, only to clarify the mass attendance above. For example, If you consider there are valid reasons for mass attendance to be considered equivalent to weekly, because of illness or other reasons, please state this below.*

**Non-Catholic parents/carers** from other denominations or faiths should hand this form to their minister or equivalent who should complete the section below and return it without delay

**To be completed only by a non-Catholic minister or equivalent**

Please tick

I confirm that this child/family is known to me and they are committed members of our faith community

I confirm that this family are members of our faith community

This family is not known to me

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Parish or organisation: \_\_\_\_\_

**Instructions to the priest, minister or other faith leader:** Please complete and return this form without delay and no later than 4<sup>th</sup> December 2009 to the Clerk to the Governors at St Osmund's Catholic Primary School.  
**Do not return the form to the parents or carers.**