

Candidate's First Name(s):
Candidate's Surname:
Religious Denomination:
Your Local Authority of Residence:

Please refer to the Admissions Policy, and in particular the Explanatory Notes, when filling in this form

SUPPLEMENTARY INFORMATION FORM SECONDARY SCHOOL TRANSFER



THE JOHN FISHER SCHOOL

*Nurturing Young Catholic Gentlemen
Aspiring for Academic, Cultural and Sporting Excellence*

PEAKS HILL, PURLEY, SURREY, CR8 3YP

TELEPHONE: 020 8660 4555 ext: 2201

E-mail: admissions@johnfisherschool.org

Please read the following notes before completing this form

If any of the information given on this form changes before you are notified of the outcome of the application, you must inform the Admissions Secretary 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.

In this Supplementary Form:-

'CANDIDATE' means the Boy for whom a place is sought.

'APPLICANT' means the Parent* of the Candidate.

*The term 'Parent' also includes any person who is not a parent of the Candidate but who has parental responsibility (as defined by the Children Act 1989)

You are strongly advised to provide as much information as you can to support your application.

Both the Common Application Form (CAF), Supplementary Information Form and Parish Priest Reference should be submitted.

Please submit the Common Application Form to the authority in which the candidate resides by

30th October 2020, and submit this Supplementary Forms to the School by **30th October 2020**

SECTION A DETAILS OF CANDIDATE AND APPLICANT

1 YEAR GROUP FOR WHICH APPLICATION IS BEING MADE (e.g. Year 7)

2 DETAILS OF CANDIDATE (Boy)

First Name(s)	
Surname	
Date of Birth	DD/MM/YY
Country of Birth	
Home Address (this must be the Candidate's permanent residence)	Postcode
Religious Denomination (e.g., Roman Catholic, C of E, etc)	
Name of Current Primary School	

3 DETAILS OF APPLICANT (Parent/Carer)

Applicant	Title	First Name	Surname
Relationship to Candidate			
Address, including postcode (if different from Candidate's address given above)			
Contact Information	Contact Telephone Number	E-mail Address:	

4 Details of older sibling(s) who will be attending The John Fisher School in September 2021

Full Name	Date of Birth	Current Year Group and House

SECTION B INFORMATION ABOUT THE SACRAMENT OF BAPTISM

1 CANDIDATE'S SACRAMENT OF BAPTISM

Date	Parish and Town	ORIGINAL Certificate and copy attached	(please tick)
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If Baptism did not take place during the Candidate's first year of life, please explain the reasons why in section D below. Any mitigation **MUST** be supported by official documentation.

SECTION C MASS ATTENDANCE ON SATURDAY EVENING OR SUNDAY

1 FREQUENCY Please circle which applies in each case

Candidate	Weekly	Fortnightly	Less than Fortnightly	Never
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2 For how long has this been the usual practice?

YEARS

3 DETAILS OF PARISH AND PRIEST

Name and town of the Parish to which the Candidate belongs (e.g. Holy Family, Sutton Green)	
How long has the Candidate belonged to the Parish?	
NAME AND ADDRESS of the priest who knows the Candidate and Applicant and to whom you have handed the Priest's Reference Form. Normally this is your Parish Priest but you may seek a reference from another Catholic Priest who knows you.	Priest's Name Priest's Address

SECTION D

Please use this section to provide any additional information relating to a Late Baptism, a medical issue or any other matter which you would like to be considered in support of your application. Any mitigation must be supported by official documentation from an appropriate professional authority e.g. qualified medical practitioner, education welfare officer, social worker or priest.

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Section D continued.

..... Continue overleaf if necessary

SECTION E SIGNATURE OF APPLICANT

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

Signature of Applicant _____ **Date** _____

Reminders: Attach to this form the Candidate's ORIGINAL Baptism Certificate and a photocopy for our records. Copies cannot be made by the School.

The original document can be returned by collection or please provide a stamped self-addressed envelope.

Also ensure you have enclosed your Parish Priest Reference (if applicable)

Sept 2021

The School is committed to protecting the information provided by parents/carers and using it for only the purpose for which it was obtained. For information on the school's Privacy Notice please refer to the school website.