



ST PAUL'S ACADEMY

Wickham Lane, Abbey Wood, London, SE2 OXX Tel: 020 8311 3868 Fax: 020 8312 1642

E-mail: headteacher.stpauls.greenwich@lgfl.net

SUPPLEMENTARY APPLICATION FORM FOR THOSE SEEKING ADMISSION AS CATHOLICS IN SEPTEMBER 2006

You must complete a Common Application Form, which you will obtain from your local LEA and you must return it to that LEA. IN ADDITION, you must complete this form, for entry to St. Paul's Academy, and return it to the Academy registrar at the above address. If there is any additional information that you wish to provide, please include it in section 6. If you fail to complete the application form and/or do not provide all relevant information, this may affect the admissions selection process. If you make any false statement upon this application, any place offered will be withdrawn. If you have any difficulty in completing this form, please contact the Academy Registrar on the above number.

DETAILS OF CHILD

FEMALE/MALE (delete as appropriate)

1. SURNAME DATE OF BIRTH

FIRST NAMES

HOME ADDRESS

..... POST CODE

TELEPHONE NUMBER..... DAY TIME TELEPHONE NUMBER(S).....

.....

2. MOTHER/CARER

SURNAME INITIALS TITLE.....

ADDRESS (if different from child's)

TELEPHONE: WORK: MOBILE:

E-mail address:.....

3. FATHER/CARER

SURNAME INITIALS TITLE.....

ADDRESS (if different from child's)

TELEPHONE: WORK: MOBILE:

E-mail address:.....

4. Name and address of Primary School which the applicant attends:

.....

List any other Primary Schools which the applicant has attended:

.....

5. Details of other children in the family – please list all the applicant’s siblings:

6. Please use this space if you wish to give particular reasons why you would like your child to attend St. Paul’s Academy.

Full name of brother/sister	Age	School attended/attending

Note:

1. Does your child have a statement of Special Education Needs? YES/NO
2. Evidence of medical, social or special educational needs must be submitted with this form if you wish them to be considered with your child’s application.

7. INFORMATION ABOUT RELIGIOUS PRACTICE

DATE OF APPLICANT'S BAPTISM PARISH

DATE OF APPLICANT'S FIRST HOLY COMMUNION PARISH

(A COPY OF THE BAPTISMAL AND FIRST COMMUNION CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION FORM).

The Parish in which you live

When giving the name of a parish, please also give the name of the church. For example:

St. Patrick's, Plumstead; St. David's, Abbey Wood.

Name of the parish in which you live

Address

Name of parish priest

Name of priest to whom you are known if other than the parish priest

How long have you lived in the parish? years months

Church at which you worship regularly or have worshipped regularly (if different from your parish church)

Name of the parish in which you regularly worship

Address

Name of the parish priest

Name of the priest to whom you are known if other than the parish priest

For how long have you been worshipping at the church?yearsmonths

Sunday Mass attendance (Please circle which applies in each case)

Child Weekly Fortnightly Monthly Occasionally Rarely Never

Family Weekly Fortnightly Monthly Occasionally Rarely Never

SIGNED (1) **DATE**
MOTHER/CARER

SIGNED (2) **DATE**
MOTHER/CARER
FATHER/CARER

PRIEST'S REFERENCE

REVEREND FATHER

The child named on page one of this form has applied for one of the designated Catholic places at St. Paul's Academy. In order to ensure that these places are allocated fairly, we would be grateful if you would complete the following questions.

Thank you for your help.

The family is known to me:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
The child is known to me:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
The family attends mass:	Every Week	<input type="checkbox"/>
	Fortnightly	<input type="checkbox"/>
	Occasionally	<input type="checkbox"/>
	Does not attend this Parish	<input type="checkbox"/>
Has this pattern of Mass attendance been for longer then 2 years	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please feel free to add any further comment which you believe might be helpful to the school in considering this application.

Signed..... Date
Parish Tel No.

**THIS FORM MUST BE RETURNED TO ST. PAUL'S ACADEMY BY
FRIDAY, 21ST OCTOBER 2005**