



St James the Great Catholic Primary School
Peckham Rd
London SE15 5LP



Supplementary Information Form for 2026/2027

This form should be completed when applying for a place at St John's Catholic Primary School. Please complete and sign the form below and, if you are Catholic, pass on the Certificate of Catholic Practice to your parish priest or the parish priest at the church at which you normally worship. If you are not a Catholic, please hand the form for to your minister (or equivalent) who will complete Part 3.

Note: You must also complete and return a Common Application Form (an online form and process available from your Local Authority in which you live)

PART 1 (To be completed by all parents or carers)

School to which you are applying: _____

Address of school: _____

Surname of child: _____ Date of birth: _____

Christian/forename(s) of child: _____

Religion/Denomination: (eg Roman Catholic) _____ Boy Girl

Date and place of Baptism (if applicable): _____

Parent's or carer's name: _____

Parent's or carer's religion/denomination: _____

Home address: _____

_____ Postcode _____

Contact telephone numbers: _____ (Mother/Father/Carer)

Parent email address: _____

If **Catholic**, indicate which Mass you normally attend Saturday at _____ (time)
 or Sunday at _____ (time)

Parish in which you live (eg St James the Great Parish, Peckham): _____

Usual place of worship (if different): _____

How long have you worshipped there? _____ years. If you have recently moved to the parish, please give details of your previous parish _____

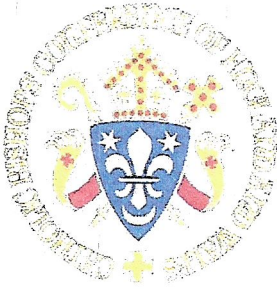
How often do you attend Mass? weekly once or twice a month less often

Please add here any other information you may feel is relevant to this application in relation to the school's admissions policy in respect of exceptional medical, social or pastoral needs of your child that make only this school suitable for them. 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 necessary)*

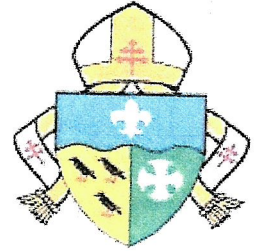
I confirm that the information we have given on this form is accurate and truthful:

Signed: _____ Parent/carer Date: _____

PART 2 (To be completed by Catholic priests only)



ARCHDIOCESE OF SOUTHWARK



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 practices] [**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 practicing Catholic family.

Priest's name: _____ Position: _____

Parish (or ethnic chaplaincy): _____

Address: _____

Telephone: _____

Priest's signature _____

Date: _____

Parish stamp or seal

PART 3 (To be completed only by ministers of other denominations or faiths)

Non-Catholic parent(s)/carer(s) from other denominations or faiths should hand this form to their minister or equivalent asking them to complete the section below and return it as soon as possible to the school indicated over.

I confirm that this family are members of our faith community The family is not known to me

Name of minister: _____ Denomination/faith: _____

Parish or faith community: _____

Address: _____ Tel.: _____

Signed: _____ Date: _____

Instructions to the priest, minister or other faith leader:

Please complete and return this form by hand or by post to the Office/Clerk to the Governors at the Catholic school indicated overleaf no later than 14th January 2027.

Data Protection Act 1998. The information provided on this form will be used for admission purposes only. The information may also be shared with the Local Authority to verify the information given and for the prevention and detection of fraud in relation to admission applications.