



Diocese of Arundel & Brighton – Crawley Deanery

ST WILFRID’S CATHOLIC SCHOOL

SUPPLEMENTARY INFORMATION FORM (SIF)

For Admission in 2016-17

Please note:

- For a Year 7 entry in September 2016, this form should be completed/returned to St Wilfrid’s by **31 Oct 2015**.
- For an in-year application, this form should be returned to St Wilfrid’s as soon as possible
- While completion of the SIF is not mandatory, **if a completed SIF is not received, the Governors can only consider your application within the last criterion, i.e. ‘Any other children’**

Student’s details

Student’s first name:	Gender: Male/Female
Student’s surname:	Date of birth:
Student’s home address*:	
Postcode:	

(*This should be a residential property that is your child’s only or main residence). (See note in Admissions Policy)

Parent / Carer details

Parent/Carer’s name:	Mr/Mrs/Ms/Miss
Address:	
Contact Telephone Number:	
Email Address:	

Present School:	Tel no:
Address:	Post Code:

Siblings

Name(s) of brothers or sisters at this school who will be attending at date of admission:	Tutor Group:
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Details of religion:

... If the child is a Catholic:

I confirm that the child is a member of the Catholic Church	Yes / No (please delete as applicable)
Date & place of baptism (or reception into the church):	
Copy of the Baptism Certificate is enclosed?	Yes / No (please circle, as applicable)
Parish in which the child is resident?	

... If the child is NOT a Catholic:

I confirm that the child is a member of another denomination/faith	Yes / No (please circle, as applicable)
If Yes, which denomination or faith?	
For children who are members of other Christian denominations, please give date and place of baptism/dedication (if applicable)	
Copy of the Baptism Certificate is enclosed, if applicable?	Yes / No (please circle, as applicable)

... For children who are members of other faiths, the faith leader should complete the following section:

I confirm as the faith leader of a designated place of worship that the child named overleaf is a member of the faith.	Yes / No (please circle, as applicable)
Name of faith leader:	Faith:
Address of designated Place of Worship:	
Signed:	Date:

Children with exceptional medical / social needs

If your child has exceptional medical or social needs that make it essential for him/her to attend this school, please attach a separate sheet to describe them. Compelling professional evidence will be required to support your statement and must be supplied by a doctor, social worker or other qualified professional explaining why it is essential for your child to attend this school.

I confirm that I have completed a Local Authority Common Application Form: Yes No

I confirm that I have read and understood the Admissions Policy and that the information I have given on this form is accurate and truthful. 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 false, the Governors may withdraw any offer of a place even if the child has already started school.

Signed: Parent/Carer Date:

Please note:

- You **must** complete the Local Authority's Common Application Form and return it to the appropriate Local Authority's admissions team by the closing date. If you do not do this you will not be offered a place. If you do not live in the **County** where the school is situated you must complete the Common Application Form for the **County** in which you live and return it to them by the closing date.

Checklist:

Have you enclosed?

- Copy of Baptismal Certificate
- Evidence of exceptional need

For a Year 7 entry in September 2016, this form, once completed, should be returned by **31 October 2015** to:
Mrs J Phillips, Admissions Secretary, St Wilfrid's Catholic School, St Wilfrid's Way, Old Horsham Road, Crawley RH11 8PG

For an In-year application, this form once completed should be returned as soon as possible to:

Mrs J Phillips, Admissions Secretary, St Wilfrid's Catholic School, St Wilfrid's Way, Old Horsham Road, Crawley RH11 8PG

