MID-YEAR APPLICATION

CAT:

St John Payne Catholic School

Patching Hall Lane, Chelmsford CM1 4BS Tel: 01245 256030 - Email: office@sjp.essex.sch.uk

Supplementary Information Form for Mid-Year Admission (PLEASE COMPLETE BOTH SIDES OF THIS FORM)

CHILD'S SURNAME:	
FORENAME/FIRST NAMES:	
DATE OF BIRTH:	Male/Female:
RELIGION:	
IF CATHOLIC, DATE AND PLACE OF BAPTISM or RECEPTION:	
HOME ADDRESS:	
	POSTCODE:
CURRENT SCHOOL:	
REASON FOR APPICATION TO ST JOHN PAYNE CATHOLIC SCHOOL:	
(FULL NAMES OF PARENTS (OR GUARDIANS):	CONTACT DETAILS:
MOTHER:	Home Tel:
ADDRESS:	Mobile Tel:
	Work Tel:
	Email Address:
FATHER:	Home Tel:
ADDRESS:	Mobile Tel:
	Work Tel:
	Email address:
RELIGIOUS INFORMATION	
NAME & ADDRESS OF PARISH IN WHICH YOU RESIDE:	
NAME & ADDRESS OF PARISH WHERE YOU ATTEND MASS, IF DIFFERENT:	
NAME & PARISH OF CATHOLIC PRIEST/CHRISTIAN MINISTER/RELIGIOUS LEADER WHO WILL COMPLETE YOUR CERTIFICATE OF PRACTICE/REFERENCE:	

DECLARATION:	
I/we confirm that the information on this supplementary information form is true to the best of my/our knowledge and belief.	
DATE:	
PRINT NAME:	
TO ENSURE YOUR SON'S/DAUGHTER'S APPLICATION CAN BE PLACED IN THE CORRECT CATEGORY ON OUR WAITING LIST PLEASE SUBMIT THE FOLLOWING SUPPORTING DOCUMENTS AS APPLICABLE:	
Catholic Applicants	
□ Arranged for a Certificate of Practice from the Catholic Priest to be sent to St John Payne	
Catholic School	
□ Enclosed a photocopy of the baptismal certificate	
Other Christian Applicants	
□ Arranged for a Reference from a Christian Minister/Religious Leader on headed paper to be	
sent to St John Payne Catholic School	
Other Faith Applicants	

FAILURE TO PROVIDE THE CORRECT SUPPORTING DOCUMENTS WILL RESULT IN BEING PLACED LOWER ON THE WAITING LIST.

☐ Arranged for a Reference from a Religious Leader on headed paper to be sent to St John

Payne Catholic School

THIS FORM MUST BE RETURNED DIRECTLY TO: ST JOHN PAYNE CATHOLIC SCHOOL, PATCHING HALL LANE, CHELMSFORD CM1 4BS