

**St John Payne Catholic School**

Patching Hall Lane, Chelmsford CM1 4BS  
Tel: 01245 256030 – Fax. 01245 352337 – Email: office@sjp.essex.sch.uk

Ref:

**Supplementary Information Form 2018 intake**

*This is not an Application Form – you still need to complete a LA Common Application Form(CAF)*

**(PLEASE PRINT CLEARLY IN BLACK INK)**

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: .....

**(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: .....

**NAME OF PERSON TO WHOM CORRESPONDENCE SHOULD BE ADDRESSED:**

Mr & Mrs/Mr/Mrs/Ms (Delete as appropriate)

NAME: .....

RELATIONSHIP TO CHILD: .....

**PLEASE NAME ANY SIBLINGS WHO WILL BE ATTENDING ST. JOHN PAYNE SCHOOL AT THE TIME OF ENROLMENT (SEPTEMBER 2018)**

NAME: .....

NAME: .....

**RELIGIOUS INFORMATION**

**CATHOLIC APPLICANTS:**

NAME & ADDRESS OF PARISH IN WHICH YOU RESIDE:

.....

NAME & ADDRESS OF PARISH WHERE YOU ATTEND MASS, IF DIFFERENT:

.....

NAME & PARISH OF CATHOLIC PRIEST WHO WILL PROVIDE THE CERTIFICATE OF PRACTICE:

.....

**OTHER APPLICANTS:**

NAME OF CHRISTIAN MINISTER/RELIGIOUS LEADER WHO WILL PROVIDE A 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: ..... SIGNED: ..... PARENT/GUARDIAN

PRINT NAME: .....

**TO ENSURE YOUR SON'S/DAUGHTER'S APPLICATION CAN BE PROCESSED  
IMMEDIATELY PLEASE ENSURE THAT YOU HAVE:**

- Enclosed a stamped addressed envelope for confirmation of receipt of this form
- Completed and sent (posted or online), a Common Application Form to the LA **by 31<sup>ST</sup> OCTOBER 2017**

**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**

- 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 SCHOOL, PATCHING HALL LANE, CHELMSFORD CM1 4BS  
(Please do **NOT** return to Essex County Council)**

**CLOSING DATE FOR THE SIF FORM: 31<sup>ST</sup> OCTOBER 2017**