



ST PAUL'S ACADEMY

51 Finchale Road, Abbey Wood, London SE2 9PX

Tel: 020 8311 3868 Fax: 020 8312 1642

E-mail: lindsey.wood@stpauls.greenwich.sch.uk

PLEASE ONLY COMPLETE THIS FORM IF YOU ARE APPLYING FOR A CATHOLIC OR FAITH PLACE

SUPPLEMENTARY APPLICATION FORM FOR THOSE SEEKING ADMISSION TO ST PAUL'S ACADEMY IN SEPTEMBER 2019

All applicants must complete a Common Application Form, which you will obtain from your home LA and you must return it to that LA. IN ADDITION, you should complete this form for entry to St Paul's Academy if you are applying for a Catholic or Faith place and return it to the Admissions Officer at the above address. If you make any false statement, any place offered may be withdrawn. If you have any difficulty in completing this form, please contact the Admissions Officer on the above number.

All applicants to complete Part 1 and EITHER Part 2 OR Part 3

PART 1

DETAILS OF CHILD

SURNAME DATE OF BIRTH

FIRST NAMES

HOME ADDRESS

..... POST CODE

*FEMALE/MALE *(delete as appropriate)

DETAILS OF PARENT/CARER

SURNAME INITIALS TITLE

ADDRESS (**ONLY** if different from child's)

.....

Contact Telephone:

E-Mail:

Details of other children who will already be attending St Paul's Academy **AT THE TIME** of admission (ie **September 2019**)

Full name of brother/sister	Age

PART 2 (To be completed by Catholic applicants only)

The Parish in which you live
 e.g St Patrick's, Plumstead; St David's, Abbey Wood

Address:

How long have you lived in this parish?

Name of parish priest

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

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

Address

How long have you been worshipping at this church?

Name of the parish priest

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

TO BE COMPLETED BY CATHOLIC PRIESTS ONLY – Please tick the relevant statement

PARENT/CARER			CHILD		
Are the parents known to you?	Yes	No	Is the child known to you?	Yes	No
Regular attendance at Mass (i.e weekly)			Regular attendance at Mass (i.e weekly)		
Occasional attendance at Mass (i.e once or twice a month)			Occasional attendance at Mass (i.e once or twice a month)		
Irregular attendance at Mass (i.e less than once a month)			Irregular attendance at Mass (i.e less than once a month)		
How long have the parent(s) attended your church?			How long has the child attended your church?		

PART 2 (Continued)

Please comment, if appropriate, **only** to clarify the Mass attendance above:

Priest's name:

Parish (or ethnic chaplaincy):

Address:

Telephone:

Priest's Signature: Date:

INFORMATION ABOUT RELIGIOUS PRACTICE IF APPLICABLE

DATE OF APPLICANT'S BAPTISM

PARISH

DATE OF APPLICANT'S FIRST HOLY COMMUNION

PARISH

**A COPY OF THE BAPTISMAL AND FIRST COMMUNION CERTIFICATES
MUST BE ATTACHED TO THIS APPLICATION FORM.**

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

For non-Catholic Christian applicants, please refer to Section 8 of our Admissions Arrangements and the reference to ‘Churches Together in England.’

Non-Catholic parents/carers from other Christian denominations or other faiths should hand this form to their religious leader and ask them to complete the section below.

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

Please tick the relevant statement

PARENT/CARER	CHILD
Are the parents known to you? Yes No	Is the child known to you? Yes No
Regular attendance at place of worship (i.e weekly)	Regular attendance at place of worship (i.e weekly)
Occasional attendance at place of worship (i.e once or twice a month)	Occasional attendance at place of worship (i.e once or twice a month)
Irregular attendance at place of worship (i.e less than once a month)	Irregular attendance at place of worship (i.e less than once a month)
How long have the parent(s) attended your place of worship?	How long has the child attended your place of worship?

Name of religious leader:

Denomination/faith:

Parish or faith community:

Address:

Telephone:

Signed: Date:.....

PLEASE ENSURE YOU HAVE ENCLOSED COPIES OF BAPTISMAL AND FIRST COMMUNION OR CONFIRMATION CERTIFICATES IF RELEVANT.

FORM MUST BE RETURNED TO ST PAUL’S ACADEMY BY WEDNESDAY 31st OCTOBER 2018

