

**APPLICATION TO JOIN YEAR 7
Bishop Thomas Grant School
IN SEPTEMBER 2022**

**Applications must be received by the School no later than
Sunday 31 October 2021**

Child's Details

Child's First Name(s)			
Child's Family Name			
Date of Birth	DD/MM/YY	Gender	
Home Address (This must be the address where the child normally lives. If this is different from the parent/carer address, please give reasons for this.)			
		Postcode	
Religious Denomination			
Date of Baptism		Place and Parish of Baptism	

Details of Parents/Carers

Parent/Carer 1 Title (Please circle)	Mr Mrs Miss Ms Dr	Surname
Relationship to Child		
Address, including postcode (if different from child's address given above)		
Preferred Contact Telephone Numbers		
Email Address		
Religious Denomination		

Parent/Carer 2 Title (Please circle)	Mr Mrs Miss Ms Dr	Surname
Relationship to Child		
Address, including postcode (if different from child's address given above)		
Preferred Contact Telephone Numbers		
Email Address		
Religious Denomination		

Details of ALL siblings who will be on roll at Bishop Thomas Grant School at time of entry. Please indicate which year group the child is in at Bishop Thomas Grant School. A sibling is a brother or sister.

Full Name	Year Group

Details of Parent’s and Child’s Mass Attendance over the previous 3 years

Name of the church where you attend Mass	
a) Name of the priest at the church where you attend Mass	
b) Address of the church where you attend Mass	
c) Any other information you wish the school to consider relating to your Mass practice	

Mass Attendance (Please tick which applies in each case):

Child	Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Once a month <input type="checkbox"/>	Less than once a month <input type="checkbox"/>	Never <input type="checkbox"/>
Parent/Carer 1	Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Once a month <input type="checkbox"/>	Less than once a month <input type="checkbox"/>	Never <input type="checkbox"/>
Parent/Carer 2	Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Once a month <input type="checkbox"/>	Less than once a month <input type="checkbox"/>	Never <input type="checkbox"/>

How long has this been your usual practice?

Child years Parent/Carer 1 years Parent/Carer 2 years

Please indicate which Mass (Saturday/Sunday and time) you and your child normally attend:

Parent/Carer 1	Parent/Carer 2	Child

Please add here any other information you may feel is relevant to this application in relation to the school's admissions policy, for example, 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 (e.g. qualified medical practitioner, education welfare officer, social worker or priest).

BEFORE YOU SIGN THE FORM PLEASE CHECK THE LIST BELOW AND TICK TO ENSURE THAT YOU ATTACH THE FOLLOWING DOCUMENTATION TO THIS SUPPLEMENTARY FORM:

For THIS YEAR ONLY we will accept photocopies of the Baptismal Certificate and supporting documents.

1. *PHOTOCOPY OF BAPTISMAL CERTIFICATE*
and
2. *PARISH PRIEST REFERENCE FORM SIGNED AND DATED WITH PARISH SEAL OR STAMP.*

**PLEASE NOTE ALL OF THE ABOVE MUST BE RECEIVED BY THE SCHOOL
NO LATER THAN SUNDAY 31 OCTOBER 2021**

Please return your Supplementary Form and supporting documents in one of the following ways:

1. Email your application to btgapplication@btg-secondary.lambeth.sch.uk
An automatic reply will be sent to you to acknowledge receipt of your application.
2. By post – it is the applicant's responsibility to ensure correct postage on the envelope. The school will not take responsibility for any applications that do not arrive at the school. If you require a receipt, please enclose a stamped self-addressed envelope. (If a stamped self-addressed envelope is not provided a receipt will not be forwarded).

For all applications for places in Year 7, please ensure that you also submit the Common Application Form (CAF) to the Local Authority in which the candidate resides.

I/We confirm that the information given on this Supplementary Form is correct and that I/We have not omitted any material information. I/We have read the Admissions Criteria.

SignedDate.....
Parent/Carer 1

SignedDate.....
Parent/Carer 2

It is not necessary for both parents/carers to sign. If both parents/carers do not sign, it is assumed that a single signature represents both parents/carers.