St Ursula's Convent School



<u>Supplementary Form – Information about Religious Practice</u>

This must be completed and returned to the school in order to complete your application.

Section A: To be completed by the parent / carer

Section B: To be completed by the Priest

The completed form must be returned to the school by 31st October 2024. It is recommended that you submit your form before the half term holiday (Friday 24th October 2024).

SECTION A:

1. Child's details:	
Surname:	
Christian name(s):	
Home address:	
Postcode: _	
Date of birth:	
Date of baptism:	
2. Details of pare	nt / carer:
Christian name(s):	
Home address (if differ	
Postcode: _	
Daytime telephone nui	mber:
Email address:	

ull name:					lace:		
uii name:				C	lass:		
4. Rel	igion:						
	te to which dei Inglican etc. 'C			owing belon	gs (for example,	Roman	
Child:							
Parent / ca	arer:						
5. You	ur place of wo	rship:					
_	_		_		the church. For a	-	
Name of p	arish:						
Address:							
Name of P	arish Priest:						
Name of th	ne priest to wh	om you are kr	nown:				
How long l	have you atten	ded?:		years	m	onths	
With whor	n does the chi	d attend mass	s?:				
6. Att	endance at th	e 'Mass of Sur	nday'				
Please circ	le the one whi	ch applies to v	/ou:				
Child	Weekly	Fortnightly	Three weekly	Monthly	Occasionally	Never	
	Has this pattern of attendance been followed for at least three years? Yes / No						
Parent	Weekly	Fortnightly	Three weekly	Monthly	Occasionally	Never	
	Has this pa	Has this pattern of attendance been followed for at least three years? Yes / No					
Signed:				Date:			

SECTION B:

To be completed by t	the Priest and	returned to the	school by	the 31st	October:	2024.
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Priest's referer	nce
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Dear Revere	nd Father,						
admitted to Catholic fam Governors to	St Ursula's Callies and chitalies and chitalies and chitalies and callies the following the state of the s	made for Convent School Idren. In interp Dunt frequency Dwing question	, where prorecting Cathering Cathering	iority is given t holic commitm ance at Mass. \	co commi ent and We woul	itted Ro practice	e, the
The child is	known to m	ne.		Yes	l N	lo	
	/ carer is kn			Yes		lo	
Child Child	Weekly	Fortnightly	Three weekly	Monthly	Occasi	ionally	Never
	Has this pa	attern of attend	dance beer	n followed for a	at least t	hree ye	ars?
Parent	Weekly	Fortnightly	Three weekly	Monthly	Occasi	ionally	Never
	Has this pattern of attendance been followed for at least three years? Yes / No						
Please comn	nent only to	clarify Mass at	tendance :	above.			
Your name:							
Parish:							
Tel no:							
Signature: _							
Please add t	he Parish sta	amp / seal.					