

# SACRED HEART OF MARY GIRLS' SCHOOL

St. Mary's Lane, Upminster, Essex RM14 2QR

## APPLICATION FORM FOR ADMISSION

Please complete this form with the information required in Parts 1 and 2. Then give the form to your Priest\* and ask him to complete Part 3 and forward the completed form to the Headmistress.

### **PART 1**

SURNAME OF APPLICANT .....

CHRISTIAN NAMES .....

DATE OF BIRTH .....

DATE AND PLACE OF BAPTISM .....

(Please enclose a copy of the Baptism Certificate)

DATE AND PLACE OF FIRST COMMUNION .....

HOME ADDRESS .....

.....

.....

FULL NAMES OF PARENTS (OR GUARDIANS)

FATHER ..... RELIGION ..... WORK Tel. No. ....

MOBILE Tel. No. ....

E-MAIL.....

MOTHER ..... RELIGION ..... WORK Tel. No. ....

MOBILE Tel. No. ....

E-MAIL.....

TELEPHONE NUMBER: HOME .....

ADDRESS (WHERE DIFFERENT FROM THAT GIVEN ABOVE)

.....

.....

.....

LOCAL EDUCATION AUTHORITY .....

(Where you live)

\* The Parish Priest of the Church where you attend Mass. If appropriate, he will refer to the Parish Priest where you live.

ANY PREVIOUS SCHOOLS .....  
.....  
.....

DETAILS OF BROTHERS AND SISTERS

NAME	AGE	SCHOOL ATTENDED (If Sacred Heart, state Form)
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
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**PART 2**

The details given in this section of the form are of special importance where distinctions between applications need to be made because of over-subscription.

1. NAME & ADDRESS OF PARISH IN WHICH YOU RESIDE

.....  
.....

2. NAME & ADDRESS OF YOUR PARISH PRIEST

.....  
.....

3. NAME & ADDRESS OF THE PARISH PRIEST WHERE YOU ATTEND MASS, IF DIFFERENT

.....  
.....

4. HOW OFTEN DO YOU ATTEND SATURDAY/SUNDAY MASS?  
(Please tick your answer)

- (a) Weekly                      (b) Frequently                      (c) Occasionally

Reasons for not attending Mass weekly (if appropriate) .....  
.....  
.....  
.....  
.....



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## PRIEST'S REFERENCE FORM

### **PART 3**

#### **To be completed by the parent(s)/guardian(s)**

1. Pupil's Name:.....

2. Date of Birth: .....

3. Date of Baptism: .....  
(Copy of Baptism Certificate to be enclosed)

4. Church of Baptism: .....

5. Date of First Communion: .....  
(Governors may request Certificate)

6. Church of First Communion: .....

7. Name of Father: .....

(a) Is/is not a Catholic (Please strike out what does not apply)

(b) Attends Mass weekly/frequently/occasionally (Please strike out what does not apply)

For how long has this practice been? ..... Years

(Full address): .....

8. Name of Mother: .....

(a) Is/is not a Catholic (Please strike out what does not apply)

(b) Attends Mass weekly/frequently/occasionally (Please strike out what does not apply)

For how long has this practice been? ..... Years

(Full address): .....

9. Name of applicant:.....

(a) Is/is not a Catholic (Please strike out what does not apply)

(b) Attends Mass weekly/frequently/occasionally (Please strike out what does not apply)

For how long has this practice been? ..... Years

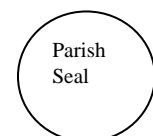
(Full address):.....

**(Governors will give NO preference to applications where BOTH parents are Catholics)**

#### **To be completed by the Priest**

The applicant is **resident** (and **worships**) in my parish and I can confirm the details above.  
(Please strike out where inapplicable)

Date: ..... Signed: .....



The applicant, although not resident, worships in my parish and I can confirm the details above.

Date: ..... Signed: .....

