



**OAKLANDS CATHOLIC COMPREHENSIVE SCHOOL,
STAKES HILL ROAD, WATERLOOVILLE, PO7 7BW.**

SUPPLEMENTARY INFORMATION FORM – 2021-22

PLEASE NOTE:

- 1) PARENTS WHO WISH TO PROVIDE ADDITIONAL INFORMATION WHICH IS NOT ON THE CAF, CAN COMPLETE THIS FORM TO ALLOW THE GOVERNORS OF OAKLANDS CATHOLIC SCHOOL TO RANK APPLICATIONS IN ACCORDANCE WITH THE ADMISSION POLICY IN THE EVENT OF OVERSUBSCRIPTION.
- 2) **THIS IS NOT AN APPLICATION FORM.** FOR YOUR APPLICATION TO BE CONSIDERED YOU MUST COMPLETE A LOCAL AUTHORITY COMMON APPLICATION FORM (CAF), PREFERABLY ONLINE.
- 3) THIS FORM SHOULD BE RETURNED TO THE ADMISSIONS SECRETARY AT OAKLANDS.

About your child:

Surname:

First Name:

Date of Birth:

Address

Post Code:

School Currently Attending:

Parent/Principal Carer:

Email:

Telephone Number:

Child's Religion (Please tick)

Baptised Catholic Other Christian Denominations Other Faiths

About your Church / Place of Worship:

Please indicate which Parish Church / Place of Worship you belong to:

.....

Name of Priest / Minister/ Religious Leader:

Address:

Tel. No:

Email:

**PLEASE ARRANGE AN APPOINTMENT WITH YOUR PARISH PRIEST / MINISTER
OR RELIGIOUS LEADER TO ENABLE THE COMPLETION OF PART B OF THIS FORM**

Part B

Clergy Information Catholics

How long has the family been attending this Church?

Church attendance: (Please tick frequency of the religious practice of the child).

Regular: attendance at Sunday (or Saturday evening) Mass weekly

Occasional: attendance at Sunday (or Saturday evening) Mass at least monthly

Irregular: attendance at Sunday (or Saturday evening) Mass less than monthly or not at all.

	Child	For office use only
Regular		
Occasional		
Irregular		

Signature of Parish Priest/Minister/
Religious Leader of pastoral area

Name (Block Capitals please)

Date

NB: In the event that a Parish Priest/Minister has moved on in the previous year and is unable to be contacted, a member of the parish council or member of the parish nominated by the priest may be considered.

**Box for Church / Place of Worship
Stamp**

--

**PLEASE ARRANGE AN APPOINTMENT WITH YOUR PARISH PRIEST / MINISTER
OR RELIGIOUS LEADER TO ENABLE THE COMPLETION OF PART B OF THIS FORM**

Part B

Clergy Information other Christian denominations

Other Christian denominations and other faiths please complete below

Is the denomination to which your Church is affiliated a member of Churches Together in England or the Evangelical Alliance?

Yes / No

Please check for an up to date list at www.cte.org.uk or www.eauk.org

How long has the family been attending this Church?

Confirmation of Commitment to Practice (Please tick relevant box)	
Yes	No

Signature of Parish Priest/Minister/
Religious Leader of pastoral area

.....

Name (Block Capitals please)

.....

Date

.....

NB: In the event that a Parish Priest/Minister has moved on in the previous year and is unable to be contacted, a member of the parish council or member of the parish nominated by the priest may be considered.

**Box for Church / Place of Worship
Stamp**

--

**PLEASE ARRANGE AN APPOINTMENT WITH YOUR PARISH PRIEST / MINISTER
OR RELIGIOUS LEADER TO ENABLE THE COMPLETION OF PART B OF THIS FORM**

Part C

I enclose the following photocopies as requested by the Oaklands Admissions Policy:

Catholic applicants

Baptismal Certificate.....

Other Christian denominations

Baptismal Certificate.....

Or

Dedication Certificate.....

Or

Letter confirming membership of a
Christian denomination or other faith

Declaration: I confirm that the information on this form is correct. I understand that any place offered will be withdrawn if I give false information, even if my child has started a new school.

Signature of Parent/Guardian:

Date:

Have you completed your Local Authority's Common Application Form? (Preferably online)

For office use only		
Date:	Actions:	
	Complete/Incomplete:	
	Category:	
	M R:	
	Distance:	
	Decision:	

**PLEASE ARRANGE AN APPOINTMENT WITH YOUR PARISH PRIEST / MINISTER
OR RELIGIOUS LEADER TO ENABLE THE COMPLETION OF PART B OF THIS FORM**