



Ursuline
High School
WIMBLEDON

Year 7 entry

Supplementary Information Form

For September 2019

THE SCHOOL'S ADMISSION POLICY SHOULD BE READ BEFORE COMPLETING THIS FORM

**To be returned to the school by
31st October 2018**

FOR OFFICE USE	
Application No.	
Date received	
Category	
Distance	
ID	

PLEASE USE A BLACK PEN AND BLOCK CAPITALS

DETAILS OF CANDIDATE (Girl)

GIRL'S SURNAME OR FAMILY NAME

GIRL'S FIRST NAME

OTHER NAME (S)

DATE OF BIRTH

HOME ADDRESS (Candidate's permanent residence)

POSTCODE

YOUR LOCAL AUTHORITY

NAME OF PARENT(S) CARER(S) LIVING AT THIS ADDRESS
Please indicate Mrs / Mr / Miss / Ms (or an alternative)

Please indicate role by selecting PARENT or CARER

DETAILS OF APPLICANT (Parent or person with Parental Responsibility)

Title (Mr/Mrs Miss/Ms/Dr etc)

SURNAME

FIRST NAME

CONTACT E-MAIL ADDRESS

HOME ADDRESS (If different from Candidate's address given)

POSTCODE

HOME TELEPHONE

MOBILE TELEPHONE

RELATIONSHIP TO CANDIDATE (Mother, father, carer)

ADMISSIONS CRITERIA

Please tick the admissions criteria which you believe applies to the candidate: (ONLY TICK ONE BOX)

- 1. **Looked After or previously Looked After Baptised Catholic girls in the care of a Catholic family.**
(Please enclose a letter from the relevant Local Authority confirming the legal status of the child, a copy of the care order, or a copy of the special guardianship order).
- 2. **Girls who are Baptised and Practising Catholics.**
(Return to the school: a copy of the Baptism Certificate and the Religious Practice Form on page 3.
- 3. **Other Looked After and previously Looked After Girls.**
(Please enclose a letter from the relevant Local Authority confirming the legal status of the child, a copy of the care order, or a copy of the special guardianship order).
- 4. **Girls who are Practising Christians and those of Other Faiths.** *(You need to provide a written reference from your family's minister of religion / faith leader, on headed paper, stating that your daughter is a member of the relevant faith. Please do not complete page 3 as this is for Baptised and practicing Roman Catholic applicants).*
- 5. **All other applicants.**
(i.e. Applicants who do not meet the criteria above).

PLEASE STATE FAITH

IN THE EVENT OF OVER SUBSCRIPTION

If applications exceed places, priority will be given within each criteria and sub-criteria to:

1. Applicants who will have either a sister at Ursuline High School or a brother at Wimbledon College at the time of admission. If this applies to your daughter, please give the name (s) of the sister (s) and/or brother (s) and their current year group:

SIBLING NAME:

SIBLING'S CURRENT CLASS AND YEAR GROUP:

2. Applicants who have a strong social or compassionate need which makes the school particularly suitable. If this applies to your daughter please tick the appropriate box:

- Social
- Compassionate

Attach a supporting letter from your daughter's present school **and** from an appropriate authority (e.g. a qualified medical practitioner, education welfare officer, social worker or priest) providing specific evidence relating your daughter's needs to a place in the school.

REMINDERS

- It is the applicant's responsibility to ensure correct postage on the envelope. *Ursuline High School does not accept responsibility for any forms that do not arrive at the School.*
- If you require acknowledgement of receipt for your supplementary form, please enclose a stamped self-addressed postcard or envelope.
- Please note we are unable to issue receipts for hand delivered forms. The Admissions Officer will post receipts if a stamped self-addressed envelope has been enclosed.
- A Common Application Form (CAF) from your Local Borough **also** needs to be completed.
- Ursuline High School DFE Number: 315 5400

PLEASE RETURN THIS FORM TO:

The Admissions Officer
Ursuline High School
Crescent Road
London
SW20 8HA

CHECKLIST

I HAVE ENCLOSED: Please tick appropriate boxes

Criteria 1 / 3 applicants:

- A letter from the relevant Local Authority, a copy of the care order or a copy of the special guardianship order (for Looked After or previously Looked After applicants)

Criteria 2 applicants: (Catholic Applicants)

- A Baptism Certificate. Please enclose a copy as we are unable to return originals.
- The Religious Practice Form (s) Please note: Verification of Mass attendance is required for three years. If it is necessary to obtain reference (s) from more than one Parish, please complete a Religious Practice Form for each Parish. Further copies of the form are available online at www.ursulinehigh.merton.sch.uk or from the School Office.

Criteria 4 applicants:

- Written reference on headed paper from family's minister of religion / faith leader.

Criteria 2 / 4 / 5 applicants:

- If applying under special circumstances criteria within your category: Letters to support social or compassionate grounds from your daughter's present school and an appropriate authority.

SIGNATURE OF PARENT(S) CARER(S)

I/We hereby confirm that the details on this form are correct.

SCHOOL OFFICE

RECEIVED



APPLICANTS: PLEASE COMPLETE THE WHITE PART OF THE FORM ONLY AND THEN HAND THIS PAGE TO YOUR PARISH PRIEST

Your Priest should complete the shaded area including the Parish Stamp and return the form to you. You should then return the completed form(s) to the school with the Supplementary Information Form.

ONLY FOR BAPTISED CATHOLIC GIRLS ATTENDING ROMAN CATHOLIC CHURCHES

GIRL'S SURNAME OR FAMILY NAME

GIRL'S FIRST NAME

OTHER NAME (S)

DATE OF BIRTH

NAME OF PARENT(S) CARER (S)

HOME ADDRESS

POSTCODE

HOME TELEPHONE

MOBILE TELEPHONE

CONTACT E-MAIL ADDRESS

MY DAUGHTER IS A BAPTISED ROMAN CATHOLIC

YES NO

BAPTISM DATE

BAPTISM CHURCH

GIRL'S ATTENDANCE OF MASS ON SATURDAY EVENING OR SUNDAY

1. Please tick which applies:

- Weekly
- Fortnightly
- Monthly
- Less than Monthly
- Never

2. For how long has this been the candidate's usual practice?

_____ Years

TO BE COMPLETED BY CATHOLIC PRIESTS ONLY

Please check the applicant has filled in the white part of the form only, complete this shaded area, including the parish stamp and return the form to the applicant.

TO THE BEST OF MY KNOWLEDGE:

Please tick the appropriate box:

The child has received the sacrament of baptism.

YES NO

GIRL'S ATTENDANCE OF MASS ON SATURDAY EVENING OR SUNDAY

1. Please tick which applies: **(Only tick one box)**

- Weekly (as a minimum 3 out of 4)
- Fortnightly
- Monthly
- Less than Monthly
- Never

2. For how long has this been the candidate's usual practice? **(Only tick one box)**

- 3 Years or More
- Between 1 — 3 Years
- Under 1 Year

PRIEST'S NAME

PRIEST'S SIGNATURE

PRIEST'S TELEPHONE

CHURCH NAME:

CHURCH LOCATION:

DATE

PARISH STAMP OR SEAL