



# ST JOAN OF ARC CATHOLIC SCHOOL

**LOVE CHRIST, INSPIRE OTHERS**

High Street, Rickmansworth, Hertfordshire WD3 1HG  
 Telephone Admissions: (01923) 587970  
 Website: www.joa.herts.sch.uk  
 Email: admissions@joa.herts.sch.uk

## SUPPLEMENTARY INFORMATION FORM (SIF) 2019/2020

*(To be returned to the school for every Child's Application)*

**For internal use only:**

Criteria: \_\_\_\_\_ Priority: \_\_\_\_\_ Date Received: \_\_\_\_\_

Copy of Baptism Certificate supplied: Yes / No (circle one)

Certificate of Catholic Practice supplied: Yes / No (circle one)

Date Checked by Governor's Admission Panel: \_\_\_\_\_ Signed: \_\_\_\_\_

**Please complete this form clearly in black ink using block capitals**

1. Child's Surname: ..... Christian Name(s):.....  
 Date of Birth:..... Sex:.....  
 Address:.....  
 Post Code:..... Email:.....  
 Home Tel No: ..... Mobile Tel No: .....  
 Parish of regular worship:.....  
 Primary School:.....

### 2. Admission Criteria

**Please read the oversubscription criteria and notes in the admission policy before completing the table below:**

	Tick Yes	Tick No
Is your child a Catholic child looked after or child previously 'looked after by a local authority' (read Note 1)		
Is your child baptised a Catholic? (See Note 2a) (A copy of the child's Certificate of Baptism should be attached to the school SIF)		
Does your child have a 'Certificate of Catholic Practice'? (See Note 2b of the Admission Policy) If yes, this must be confirmed by a Catholic Priest (see overleaf)		
Is your child a child looked after or child previously 'looked after by a local authority' (read Note 1)		
Does your child have a sibling currently attending the school (See Note 3) If yes, please give name(s) of sibling(s) & tutor group(s):		
Is your child of another Christian denomination? (See Note 4)		
Are there any Exceptional Social, Medical or Pastoral Needs that you wish the Governors Admission Panel to consider as part of your child's application (see Note 5)		



I confirm that I have read and understood the Admissions Policy and that the information I have provided is correct. I understand that I must notify the school immediately if there is any change to these details and that should any information I have given prove to be inaccurate that the governors may withdraw any offer of a place even if the child has already started school.

Parent/Guardian Full Name (Printed) .....

Signed by Parent/Guardian: ..... Date: .....

Parents wishing their child to be considered as a Child with a Certificate of Catholic Practice are requested to obtain a Certificate of Catholic Practice from their Parish Priest.

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### Checklist for Parents

- |  | Tick                     |
|--|--------------------------|
| • Original SIF returned to St Joan of Arc Catholic School by deadline  | <input type="checkbox"/> |
| • Certificate of Catholic Practice returned to St Joan of Arc Catholic School by deadline                            | <input type="checkbox"/> |
| • Copy of Baptism Certificate returned to St Joan of Arc Catholic School by deadline                                 | <input type="checkbox"/> |
| • Local Authority e-admissions Application Form completed online or returned to relevant Local Authority by deadline | <input type="checkbox"/> |

**ALL DOCUMENTS TO BE RETURNED TO THE  
SCHOOLS ADMISSION ADMINISTRATOR  
BY 31<sup>ST</sup> OCTOBER 2018**