



# St. Ursula's Convent School

A HUMANITIES COLLEGE AND TEACHING SCHOOL

## Application Form for Mid-Year Transfer - Information about Religious Practice

**SECTION A**            *To be completed by the parent / carer*

**SECTION B:**            *To be completed by the Priest*

### SECTION A

#### 1. Details of the child

Surname \_\_\_\_\_

Christian name(s) \_\_\_\_\_

Home address \_\_\_\_\_

Post Code \_\_\_\_\_ Telephone number \_\_\_\_\_

Daytime Telephone Number(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Parish \_\_\_\_\_

Date of First Holy Communion \_\_\_\_\_ Parish \_\_\_\_\_

#### 2. Details of parent / carer

Name of parent or carer \_\_\_\_\_

#### 3. Details of other children within the family who attend St Ursula's

Full name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Year Group \_\_\_\_\_

Full name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Year Group \_\_\_\_\_

Full name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Year Group \_\_\_\_\_

#### 4. Religion

Please state to which denomination (Roman Catholic, Anglican, etc) each of the following belongs. For the purpose of this question, Christian is insufficient.

Child \_\_\_\_\_

Parent / Carer \_\_\_\_\_

#### 5. Parish in which you live

*When giving the name of a parish, please also give the name of the church. For example: Holy Cross, Catford; Our Ladye Star of the Sea, Greenwich; or St. Saviours, Lewisham.*

Name of the parish in which you live \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of the parish priest \_\_\_\_\_

Name of the priest to whom you are known \_\_\_\_\_

How long have you lived in the parish? \_\_\_\_\_ years \_\_\_\_\_ months

#### 6. Church at which you worship regularly (if different from your parish church)

Name of the parish in which you regularly worship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of the parish priest \_\_\_\_\_

Name of the priest to whom you are known \_\_\_\_\_

For how long have you been worshipping at the church? \_\_\_\_\_ years \_\_\_\_\_ months

## 7. Sunday Mass attendance

(Please circle which applies in each case)

<b>Child</b>	Weekly    Fortnightly    Monthly    Occasionally    Rarely    Never
	Has this pattern been for at least two years?    YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>Parent / Carer</b>	Weekly    Fortnightly    Monthly    Occasionally    Rarely    Never
	Has this pattern been for at least two years?    YES <input type="checkbox"/> NO <input type="checkbox"/>

## 8. Current School Details

Name and address of current school \_\_\_\_\_

\_\_\_\_\_

Local Authority \_\_\_\_\_

Name of Head Teacher \_\_\_\_\_

Previous School \_\_\_\_\_

9. Reason for Transfer \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent / Carer

**SECTION B: To be completed by the Priest.**

**Priest's Reference**

Dear Reverend Father

An application has been made for the child named on page one to be admitted to St Ursula's Convent School, where priority is given to committed Roman Catholic families and children.

In interpreting Catholic commitment and practice the Governors take into account frequency of attendance at Mass. We would be grateful if you would complete the following questions.

Thank you for your help.

The family is known to me                      YES                       NO

The child is known to me                      YES                       NO

The family attends Mass:

<b>Child</b>	Weekly    Fortnightly    Monthly    Occasionally    Rarely    Never
	Has this pattern been for at least two years?    YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>Parent / Carer</b>	Weekly    Fortnightly    Monthly    Occasionally    Rarely    Never
	Has this pattern been for at least two years?    YES <input type="checkbox"/> NO <input type="checkbox"/>

Please make any comment, which you believe might be helpful to the school in considering this application.

Signed \_\_\_\_\_  
Date \_\_\_\_\_  
Parish \_\_\_\_\_  
Tel. No. \_\_\_\_\_

Parish stamp/seal
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