



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)

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

Parent / Carer	Weekly Fortnightly Monthly Occasionally Rarely Never
	Has this pattern been for at least three 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:

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

Parent / Carer	Weekly Fortnightly Monthly Occasionally Rarely Never
	Has this pattern been for at least three 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
