

Sacred Heart Catholic Primary School and Nursery Headteacher Mrs Janet Mullally Windermere Road, Southend on Sea, Essex, SSI 2RF

Phone: 01702 534546

Email: office@sacredheart.southend.sch.uk



<u>Supplementary Information Form – Nursery Class Only</u>

This information assists with ranking your application against the admission criteria. Applying for

Nursery does not Southend on Sea						to app	<mark>ly again</mark>	<u>, to</u>	
Pupil Details									
Forename									
Surname									
Known as									
Date of Birth			Male			Femal	е		
Child's Religion									
Child's home addre	SS								
					5 .				
		Postcode							
Does the child have	a sibling atte	nding Sacred Hea	art, please pro	vide their	details:				
Name			Date	of Birth	Year G	Group	Current	schoo	ol
Parent/ Carers de	etails								
Mr/Mrs/Miss/Ms		Forename			Surname				
Relationship to child?				ne Telepl	none				
Work telephone			no. Mol	oile teleph	none				
no.				no.					
Email Address									
A lasta ta a su structu	_								
Admission criteria		aritaria valufaal l	hoot motoboo	. VOLIK OF	nliaation	Moro	dotoilo o	n orit	orio
Please indicate w can be found on t				s your ap	phicalion	i. iviore	details o	n Cnu	ena
Looked After childre			igemente.			Yes		No	
Baptised Catholic children residing in the parish					Yes		No		
Baptised Catholic children residing outside the parish					Yes		No		
Other Catholic children					Yes		No	<u> </u>	
Looked After children, not from Catholic Families					Yes		No		
Catechumens and their children seeking baptism and members of other Eastern					Eastern	Yes		No	
Christian Churches Children of Christia		ions whose memb	pership is evid	enced by	a	Yes		No	
minister of religion			·						
Children of other faiths whose membership is evidenced by a minister of religion					Yes		No		

Yes

No

Children whose parents have shown a preference for Sacred Heart School

Please confirm if you wish your child to be <i>considered</i> for 15 or 30 hours per week. Please tick your preference.					
	ay not be available - depends on current r		atios)		
15 hours		30 hours			
per week		per week			
If your child	has been baptised as a Catholic, plea	ase complete	e the boxes below:		
Parish:					
Dantiam Da					
Baptism Da		ertificate)			
(Please enclose a copy of your child's Baptism Certificate) Priest Name:					
01 1	-				
Church:					
Address:					
Please con	plete this section if your child is NOT	Catholic:			
	l is a member of another faith, please				
	close a copy of your child's baptism ce	ertificate or			
•	if appropriate)				
	I is a member of another faith you may				
	your Minister/Religious Leader in supp	•			
application	(Please tick the box if you intend to d	o this)			
I confirm that the information I have given is true and that I have parental responsibility for this child					
Ciana d		Data			
Signed:		Date:			

FOR RECEPTION CLASS SEPTEMBER 2024 INTAKE ONLY

This Supplementary Information Form (SIF) along with the Certificate of Catholic Practice (where applicable) and Baptism Certificate (where applicable) must be submitted to the school office by 22nd January 2024.

The Single Application Form (SAF) must be submitted to Southend Borough Council by **15**th **January 2024**. Parents/Carers will be advised (BY SOUTHEND BOROUGH COUNCIL) of the school their child has been offered on national offer day which is: 19th April 2024.

Once completed this form must	Admission to Sacred Heart Catholic Primary School is in accordance with the determined
be returned to Sacred Heart	admission arrangements. If the number of applications outnumbers the admission limit,
Catholic Primary school	applications are allocated/ held on a waiting list in accordance with the School Admission
	Criteria and therefore not all applications will be successful.
	Applications to reception are processed by Southend-on-Sea Borough Council via the
	agreement in the Coordinated Admission Scheme.