

Richard Challoner School

Supplementary Information Form SIXTH FORM 2024-25

IMPORTANT NOTES TO APPLICANTS:

- Full details of the school's Sixth Form admissions process are provided in the Sixth Form Admissions Policy, which is available on our website and should be referred to before completing the Supplementary Information Form (SIF).
- Please complete the SIF if you would like your application to be considered under one of the faith criteria.

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS:

Surname of student:	Date of Birth:	
Forenames of student:		
Student's Home Address:		
	Post Code:	

APPLICANT	S WHO ARE E	BAPTISED CAT	HOLICS (Evi	dence Requir	red)		
 Please note: A copy of the student's signed Certificate of Baptism MUST be included with this application. Please indicate how often the student attends Mass by ticking ONE box below: 							
Weekly:		Fortnightly:		Monthly:		Less Often:	
Present Pari	sh:						
• •		e supported k riest to sign/s	•	-	-	Parish stam	p -
	-	leted by Parisl tudent attends M		g ONE box belo	ow:		
Weekly:		Fortnightly:		Monthly:		Less Often:	
For how long	g has this been	the student's usu	al practice?	One year	or more	Less than on	e year
Name of Par	ish Priest:						
Signature of	Parish Priest:						
Date:			Parish Sta	mp:			

APPLICANTS WHO ARE MEMBERS OF OTHER DENOMINATIONS OR FAITH

(Evidence Required)

Please note: The following documentation **MUST** be included with this application (as applicable to your faith):

- Christian Denominations: A copy of the student's signed Baptismal Certificate or Certificate of Dedication, or evidence confirming membership of the student's Christian denomination, signed by the Minister of religion
- Applicants who are members of other faiths: Evidence of the student's attendance at a recognised place of worship and signed verification that his/her membership is supported by a recognised religious leader

Please indicate how often the student attends his/her place of worship by ticking ONE box below:

Weekly:		Fortnightly:		Monthly:		Less Often:	
Denominatio	n/Faith:					I	
••		be supported by k your Minister	-	-		-	
	•	leted by Minist	-			, halouu	
•	ow often the s	·		· ·		Less Often:	
Weekly:		Fortnightly:	r	Monthly:		Less Often:	
				One year or n	nore	Less than one	e year
For how long	has this been	the student's usua	l practice?				
Name of Min Faith Leader:							
Parish or Fait	h Community:						
Address:							
Signature of I	Minister/				ate:		
Faith Leader:							

Application Declaration (to be signed by parent/carer:

I confirm that I have read and understood the school's Admissions Policy and that the information I have given on this form is accurate and truthful.

Parent/Carer full name:	Mr/Mrs/Miss/Ms
Parent/Carer signature:	
Telephone number (optional)	
Date:	Email address (optional)

IMPORTANT CHECKLIST

I have fully completed this Supplementary Information Form
My Parish Priest/Minister of Religion/Faith Leader has signed/dated/stamped the correct section of the form
I have enclosed a copy of the student's signed Certificate of Baptism in a Catholic Church (for Catholic applicants)
I have enclosed a copy of the student's signed Baptismal Certificate or Certificate of Dedication, or evidence confirming membership of the student's Christian denomination, or confirming membership of the student's Christian denomination, signed by the minister of religion (for Christian applicants)
Evidence of the student's attendance at a recognised place of worship and signed Verification that his membership is supported by a recognised religious leader (for other faith applicants)

• NB: Current Students or Richard Challoner School do NOT need to provide any accompanying document

When you have completed this form, please return it (together with supporting documentation, if applicable) to the Sixth Form Office Manager at the school:

RICHARD CHALLONER SCHOOL Manor Drive North, New Malden, Surrey KT3 5PE Telephone: 020 8330 5947 Email: <u>rcb@challoner.kingston.sch.uk</u> <u>www.richardchalloner.com</u>