

The Federation of Sacred Heart and St Mary's Catholic Primary Schools, Battersea



Sacred Heart R.C. Primary School, Battersea Este Road, Battersea, London SW11 2TD Tel: (020) 7223 5611 Email: admin@sacredheart-battersea.wandsworth.sch.uk www.sacredheartschoolbattersea.co.uk Executive Headteacher Mr Jared Brading Associate Head Mrs Nicola Byrne

Welcome to Sacred Heart RC Primary School, Battersea

Within this school, we aim to create a supportive, friendly environment suitable to the young child, where the foundations of a good all-round education are laid.

Support from home is a vital factor in providing your child with a secure base for learning. This means that parents understand that we are not child minders but educators who, working with you in partnership, are laying foundations for the future while enjoying the present.

As a Catholic school we try to give the children a high moral framework, based on the Gospel values. We support the family in their teaching of the Catholic faith.

I hope that your child's days in our school will be both happy and fruitful.

Mr Jared Brading Executive Headteacher

Child's Name: (underline last name)

Gender: Date of B	Sirth:
Check List:	Office use only: Date Application Received:
Child's Birth Certificate:[] First Proof of Address*:[]	Nursery/Reception/In-year Application:
Second Proof of Address*:	<u>Criteria Number:</u>
Dedication Letter of Other: [] Priest Letter (if applicable)	<u>Year / Class:</u>
Sibling:[]	Allergies:
	<u>SEND:</u>

If you do not provide the required evidence as above, it could impede your application and could have an effect on the criteria that your child will be ranked.

Applicant's Signature: _____

* Proof of address must be dated within the previous three months

BASIC DETAILS

Name of Child:	
Date of Birth:	Certificate Seen: YES / NO
Home Address:	
Post Code:	
Mother's Full Name:	
Mother's Address (if different to above):	
Mother's Phone Number:	
Mother's Email Address:	
Mother's Country of Origin:	
Father's Full Name:	
Father's Address (if different to above):	
Father's Phone Number:	
Father's Email Address:	
Father's Country of Origin:	
Name of any Person other than above who has Parental Rights:	
Address:	
Phone Number:	
Email Address:	
Brothers or Sisters attending Sacred Heart RC Primary School:	
Name:	. D.O.B:
Name:	. D.O.B:

Brothers or Sisters attending Other Schools:

DIETARY DETAILS

Has your child any known allergies?			•••••
No Fish No Pork No Eggs No milk	x 🗌 No Diary 🗌	No Nuts Vegetar	ian
Other			•••••
MEDICAL DETAILS			
Does your child have an Epi-Pen?	Yes	No	
Does your child take regular Medicine?			•••••
Is your child Toilet Trained?	•••••		•••••
Can she/he attend to her/his own needs in the To	oilet?		•••••
Family Doctor's Name:			
Address:			•••••
Health Visitor:			•••••
Clinic:			•••••

Any other information you would like to make us aware of: (cultural, religious, medical, behavioural, etc.)

CHILD'S ETHNICITY AND LANGUAGES

Child's Ethnicity \downarrow

Languages exposed to (heard or spoken at home) \downarrow

Please tick appropriate box:

Please tick appropriate box/es:

Any other Asian background	Acholi	Lingala / Losengo	
Any other Black background	Arabic	Luganda / Ganda	
Any other mixed background	Asante / Ashanti	Luo	
Bangladeshi	Bengali	Maltese	
Black - Ghanaian	Carib	Other	
Black – Nigerian	Cantonese	Punjabi	
Black – Somali	Croatian	Portuguese	
Black Caribbean	Dutch	Russian	
Chinese	Ево	Singhalese	
Gypsy / Roma	Edo / Bini	Spanish	
Indian	English	Tagalog	
Latin / South / Central American	Fanti	Turkish	
Other Black African	French (Creole / Patois)	Twi / Twe / Tui	
Other ethnic group (please state below)	Greek	Urdu	
Pakistani	Guajarati	Urhobo	
Parent preferred not to say	Hindi	Yoruba / Owobo / Yorwoa	
Turkish	Ibo / Igbo		
White - British	Irish		
White - Irish	Italian		
White & Asian	Kinyarwanda / Ruanda		
White & Black African	Refused		
White & Black Caribbean			
White Eastern Europe			
White Other			
White Western Europe			

First Language: _____

National Identity:

Country of Birth (e.g., United Kingdom, France)

RELIGIOUS DETAILS

Child's Religion:
Date of Baptism:
Place of Baptism:
Certificate Seen: YES / NO
Mother's Religion:
Church Mother Attends:
Father's Religion:
Church Father Attends:

Reminder to Parents:

As you have chosen to send your child to a Catholic school it is important that you set a good example by taking your child to church on Sunday and living out the gospel values in your family. You promised to do this at your child's Baptism.

THE CATHOLIC SCHOOL will work with YOU and the PARISH in helping your child to know, experience, celebrate and live the gospel values.

How will your child travel to school?

Please Circle: Bus Train Walk Car Bike Scooter

BACKGROUND DETAILS

Previous Schools or Nurseries:

1	
2.	
3	

Has your child been identified with having any Special Educational Needs? YES / NO If yes, please give details:

Has your child received support from any of the following?

Health	Visitor
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Sure Start

□ Speech and Language Therapist Early

Vears Centre

Educational Psychologist

Social Services

If yes, please give details:

Has your child been identified with being more able? YES / NO If yes, please give details:

Do you have any concerns about your child's educational progress?

EMERGENCY CONTACT

Name of a responsible person who will take your child in an emergency other than child's Mother or Father.

ame:	• • • • • • • • •
ddress:	••••
el.:	•••••
elationship:	• • • • • • • • • •

Permission Slip:

Children are often taken out during school hours as part of their education. Please sign below if you give permission for staff to take your child out during school hours.
I give permission for my child:
To be taken off the school premises, with supervision, for school work.
Signed:
Date:

Sacred Heart Primary School Battersea



At Sacred Heart Primary School Battersea our Mission is to:

Create a climate in which Christian values are taught, experienced, lived and celebrated. They are central to and shared by the whole school community - the children, staff, family, governors and parish.

Ensure every individual child is loved, appreciated and affirmed.

Enable and expect all pupils to achieve their full potential by providing a broad and balanced and relevant curriculum with equal opportunity to develop their academic, social, creative and sporting skills. The partnership, between home and school is crucial for the children in order for excellent learning to take place.

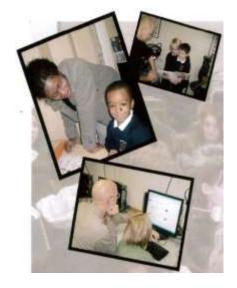
This agreement serves to make clear the expectations of the children within our school community and our mutual responsibilities towards achieving them.

This serves as a foundation stone for the effective partnership between home and school.



Home School Agreement

Home School Agreement



What are our obligations?

As a school, in line with the school mission statement we will:

- Expect high standards of work.
- Provide effective teaching.
- Give your child's safety and well-being the highest priority.
- Expect and get high standards of behaviour.
- Keep you informed of your child's progress and attainment and send an annual report to you.
- Set homework regularly in line with our school policy. Monitor lateness and attendance.
- Treat you with courtesy and try to meet your aspirations for your child.
- Keep you informed about school activities through the weekly newsletters.

As a family you will:

- Give your child every support to achieve the highest standards.
- Follow the school's health and safety guidelines as set out in the school prospectus.
- Support the school's policies and guidelines for behaviour.
- Attend the parent-teacher consultations and take an active part in monitoring your child's progress.
- Support your child in homework and ensure that it is completed.
- Ensure regular attendance and punctuality: sending a note to explain all absences and telephoning on the day to explain any absence.
- Treat all members of staff with courtesy and assist the school in meeting our aspirations for your child.
- Keep the school informed of any changes in circumstances at home.
- Ensure your child wears correct school uniform. Provide any equipment or other clothes required.
- Follow the complaints procedure if you are not satisfied with any aspect of the school.

Child's name:	
Class:	
Parent's signature:	
Date:	
Head teacher's signature:	
Date:	



Federation of Sacred Heart and St Mary's RC School, Battersea

Please complete and sign the form below and if you are Catholic, hand it to your Priest or the Parish Priest at the Church at which you normally worship. He will add his reference in Part 2. If you are not Catholic, please hand the form to your priest, minister or faith leader who will add his or her reference in Part 3.

PART 1 (To be completed by all Parents or Carers)

Child's Forename:		Surname:		
Religion/Denomination: (e.g. Roma	an Catholic) _]	Boy 🛛 Girl 🗌
Date and Place of Baptism (if appli	cable):			*
Parents' Names: (Mother)		(Fathe	er)	
Parents' Religions / Denominations	S:			
Home Address:				
Postcode:				
Contact Numbers:				
If Catholic, indicate which Mass yo	ou normally at	tend:		
Saturday at:	_time.	Sunday at: _		time.
Parish in which you live: (e.g. Sacro	ed Heart, St V	vincent de Paul)		
Usual place of worship (if different):			
How long have you worshipped the				
How often do you attend Mass?	□ Weekly □ Not knowr	•	□ Monthly	□ Occasionally
I confirm that the information we h	nave given on	this form is accu	rate and truth	ıful:
Signed:		Parent/Carer	Date:	

* <u>Baptism Certificate</u>: The school will require sight of an original Baptism Certificate as part of the application. Originals will be returned.

I am satisfied that the child i	s a baptised Ca	tholic	Yes 🗌	No 🗌
Parent/Carer Are the parents known to you?	Yes 🗌 No 🗌		n ild ld known to you?	Yes 🗌 No 🗆
Weekly attendance at Mass		Weekly att	tendance at Mass	
Fortnightly attendance at Mass		Fortnightl	y attendance at Ma	ass
Monthly attendance at Mass		Monthly a	attendance at Mass	
Occasional attendance at Mass		Occasiona	al attendance at Ma	ass 🗆
Not known		Not know	n	
How long have the parent(s) attended your Church?				
Comment (if appropriate) regard for Mass attendance to be considere state this below:				
Priest's Name:			Parish Stamp of	r Seal
Parish (or Ethnic Chaplaincy):				
Address:				
Tel.:				
Priest's Signature:	Date:			
PART 3 (To be completed on I confirm that this family are memb	U U			,
Name of Minister:			Church Stamp	or Seal
Parish or Faith Community:				
Address:				
Signed:				
<u>Please circle below:</u> Weekly Mass Monthly Mass			t Known	
Comment regarding the points abov	e: (Please attac	h letter if re	quired).	

PART 2 (To be completed by Catholic Priests only)

Free School Meals and Pupil Premium Application Form

Dear Parent/Carer

We want to make sure that we are providing your child with the best education and support we can. Healthy school food has obvious health benefits and can help pupils establish healthy habits for life. Healthy school food can also help to improve pupils' readiness to learn.

We understand that we have all gone through challenging times and personal circumstances may have changed for you as a family throughout the pandemic.

Families who receive certain benefits may be eligible for free school meals. Your child is eligible for free school meals if you are in receipt of one of the following benefits:

- Universal Credit with an annual net earned income of no more than £7,400;

- Income Support;
- Income-based Jobseeker's Allowance;
- # Income-related Employment and Support Allowance;
- * Support under Part 6 of the Immigration and Asylum Act 1999;
- * The guarantee element of Pension Credit;
- Working Tax Credit run-on (paid for the four weeks after you stop qualifying for Working Tax Credit);
- Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190.

Registering for free meals could also raise an extra £1,345 for your child's primary school to fund valuable support like extra tuition, additional teaching staff or after school activities.

This additional money is available from central government for every child whose parent is receiving one of the benefits listed above.

To check if your child is eligible, we need information about you. Please complete this form.

Parent/Carer

Parents' Full Name:		
Parent D.O.B.:		
Parent National Insurance Number:		
(OFFICE USE ONLY) Eligible: Yes	No	

Child details

Child's Full Name:		
Child's D.OB.:		
(OFFICE USE ONLY)	Eligible: Yes	No

DECLARATION: ____

Date: _____

By completing this form, I agree the information I have given is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the local authority using this information to process my application for free school meals.