



**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

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www.sacredheartschoolbattersea.co.uk

Executive Headteacher Mr Brading

Associate Head Mrs 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 Brading Executive
Headteacher

Child's Name: (underline last name) _____

Gender: _____ **Date of Birth:** _____

Check List:

Child's Birth Certificate: []
First Proof of Address*: []
Second Proof of Address*: []
Baptism Certificate: []
Dedication Letter or Other: []
Priest Letter (if applicable)..... []
Currently on roll in our Nursery: []
Sibling: []

Office use only:

Date Application Received:

Nursery/Reception/In-year Application:

Criteria Number:

Year / Class:

Allergies:

SEND:

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 ☐ No Dairy ☐ No Nuts ☐ Vegetarian ☐

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 Toilet?

Family Doctor’s Name:

Address:

Health Visitor:

Clinic:

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

.....

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.....

.....

.....

.....

CHILD'S ETHNICITY AND LANGUAGES

Child's Ethnicity



Please tick appropriate box:

Languages exposed to (heard or spoken at home)



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 | | Ebo | | 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
- ☐ Sure Start
- ☐ Speech and Language Therapist Early
- ☐ Years Centre
- ☐ Educational Psychologist
- ☐ CAMHS
- ☐ 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.

Name:

Address:

.....

Tel.:

Relationship:

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 Values



Everyone should treat one another with dignity, kindness and respect. We put Christ at the heart of everything we do.

Our whole school ethos is based upon our Mission Statement, Gospel Values and Catholic Social Teaching Principles.

S: Service

A: Affection and Appreciation

C: Care and Co-operation

R: Reflection and Reconciliation

E: Endeavour and Enjoyment

D: Dignity

Sacred Heart RC Primary School

Home School Agreement

2024 - 2025



“A man took a grain of mustard seed, and sowed it in his field. Indeed, the seed is smaller than all seeds but when it is grown, it is greater than the herbs, and becomes a tree, so that the birds of the air come and lodge in its branches.”

(Matthew 13.31)



Sacred Heart's Agreement

Sacred Heart will do its best to:

- Provide a safe, secure and caring learning environment.
- Teach and encourage children to do their best at all times and achieve their full potential.
- Develop positive values centred upon the Catholic Faith and a caring attitude towards the school community and the environment.
- Provide a balanced curriculum of the highest quality and meet the individual needs of every child.
- Promote high standards of behaviour to ensure a safe and caring environment.
- Keep parents informed about school activities through newsletters, notices, website etc.
- Monitor the progress of children and provide advice and guidance to support their work.
- Set regular homework.
- Be welcoming and offer opportunities for parents/carers to become involved in the daily life of the school.
- Treat children fairly, care for them well and ensure their happiness.
- Help your child to develop a sense of responsibility, be considerate of others, and support them to make the right choices.
- Encourage good attendance and punctuality and recognise this with rewards and certificates.
- Invite parents/carers to attend events that celebrate children's success and achievements.

Parent/Carer's Agreement

I/We will do my/our best to:

- Ensure my child attends school regularly, is punctual, properly equipped to learn and provide an explanation if my child is absent.
- Support the school to make sure my child maintains good behaviour.
- Ensure that my child wears the correct school uniform and wears their PE kit to school when required.
- Ensure all uniform items are clearly labelled.
- Encourage my child to always do their best.
- Ensure that my child's homework is completed and returned on time.
- Attend assemblies, Celebration of the Word & parent workshops and parent meetings.
- Support the school in upholding its standards and policies.
- Support all staff in their efforts to create a caring community which values children and their rights.
- To treat all members of the school community with respect and politeness.
- Work in partnership with the school.
- Keep school up to date with medical/dietary requirements.

Signed..... Date.....

Signed..... Date.....



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Admissions Form 2025 - 2026

In common with all Catholic primary schools in the Archdiocese of Southwark, information given will be confidential to those directly concerned with admissions at the school and your Parish Priest, Minister or Religious Leader. This form is required in addition to the Common Application Form which must be submitted directly to your local authority. You are strongly advised to read the school's admissions policy carefully, before completing this form.

If applying for a place at **Sacred Heart RC Primary School** (under the Faith criteria), please ensure you make an appointment to see the Parish Priest of the Parish you usually attend to complete a **Catholic Certificate of Practice**. You should then return this certificate to the school office together with this Form and a copy of your child's **Baptism Certificate (if applicable) and proof of address**. You will also need to complete our Application pack.

NB. For Reception Admissions, you must also complete a Common Application Form from your home Local Authority. Wandsworth residents can complete this [online here](#) or obtain a paper form from the Council's Pupil Services team.

For In - Year admissions please contact Sacred Heart RC Primary School. If your child is already in a Wandsworth school, a school transfer form is available from your current school.

To be completed by a parent or guardian (referred to as the "parent")

Surname of child: _____ Date of Birth: _____

Christian/forename(s) of child: _____

Religion/Denomination of child: (e.g. Roman Catholic) _____

Date and place of Baptism (if applicable): _____

Parent's/Guardian's name: _____

Parent's/Guardian's religion: _____

Home address: _____

(must be the address where the child normally lives)

_____ Postcode: _____

Contact telephone number: _____
(Mother/Father/Carer)

Contact email address: _____

Details of siblings:

If your child already has an older brother or sister attending Sacred Heart RC Primary School, who will still be on the roll in September 2025 please give details below:

Name(s): _____

Please add any other information that you may feel is relevant to this application in relation to the school's admissions policy in respect of an established medical need that may make only Sacred Heart RC Primary School suitable for your child. Strong and relevant evidence must be provided by an appropriate authority (e.g. qualified medical practitioner or educational psychologist). Continue on a separate sheet as necessary.

- I/we have received, read and understood the full details of the Sacred Heart RC Primary School Admissions Policy published on the school's website.
- I/we agree that the information on this form is true and accurate. I/we understand that any false or deliberately misleading information given on this form may render this application invalid, or lead to the offer of a place being withdrawn.

Signed: _____ (Parent/carer)

Date: _____

Checklist:

1. Completed the Common Application Form for your local authority
(e.g. Wandsworth, Lambeth, Croydon) for the academic year beginning September 2025.
2. Enclosed Catholic Certificate of Practice
3. Enclosed Baptismal. or equivalent certificate.
4. Enclosed current financial year's council tax statement.

☐☐☐☐

Data Protection Act 1998

The information provided on this form will be used for admission purposes only. This information may also be shared with Wandsworth Council to verify the information given and for the prevention and detection of fraud in relation to admission applications.

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 | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

Child details

| | |
|---------------------------------|--------------------------|
| Child's Full Name: _____ | |
| Child's D.O.B.: _____ | |
| (OFFICE USE ONLY) Eligible: Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

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.