



Our Lady of Victories RC Primary School

1 Clarendon Drive, Putney SW15 1AW

Tel: 0208 788 7957

Supplementary Application and Religious Inquiry Form for Admissions 2026/27

In common with all Catholic primary schools in the Archdiocese of Southwark, applicants to Our Lady of Victories School must complete a supplementary application & religious inquiry form (including all necessary supporting documentation) for return to the school by the deadline set by Wandsworth LA: **15th January 2026**. Please complete only Part One of the form and return it to the school along with the other requested documentation, marked for the attention of the Admissions Officer. The school will send it to your priest, or other minister or equivalent, for completion of Part Two. All information given will be confidential to those directly concerned with admissions at the school and your priest or minister. This form is required **in addition** to your Common Application Form submitted to the local authority where you live. You are strongly advised to read the school's admissions criteria carefully before completing any form.

"Regular worship" for Catholics is defined as weekly attendance at Mass for the preceding three years. You may need us to contact more than one priest to cover this period, if so then please photocopy this form as necessary. It may be helpful to attach your photograph to the form as priests sometimes find difficulty putting names to faces.

PART ONE – To be completed by parents or guardians of all applicants

Surname of child: Christian name(s) / forenames: Boy/Girl: Date of birth: Religion of child: Date and place of Baptism (if applicable): Religion of parents or carers:	Names of parents or carers: Home address at which the child resides for the majority of the week: Contact telephone number(s): Email: Will the child have a sibling at OLV at the time of admission? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Catholic Name of Parish in which you live: Which Mass (day/time) do you usually attend?	How long have you worshipped there? Place of worship (if different): Name of Parish Priest where you worship:
How often do you attend Mass? (Circle one): Weekly Fortnightly Monthly Occasionally	
Please send to the school together with this form: <ul style="list-style-type: none">• 3 proofs of residency, showing the address at which the child resides for the majority of the time i.e. your current Council Tax statement, plus two recent utility bills or similar.• Copies of the parent(s)' and child's Certificate of Baptism, or evidence of reception to the Catholic Church, or equivalent evidence as appropriate for other faiths.	

If you wish your application to be considered under the **special circumstances'** category, please tick the box and ensure you attach all relevant supporting documentation.

If you wish your application to be considered under the **Free School Meals eligibility** category, please tick the box and attach the National Insurance number of the parent who is claiming benefits and include that parent's date of birth details.

National Insurance Number:

Parent's D.o.B:

I/we confirm that all the information we have given on this form is accurate, complete and truthful.

Signed:

Date:

PART TWO (A) – to be completed by the Catholic Priest named overleaf

Is the family known to you? Please circle		YES / NO
Are you satisfied that the child has been baptised in the Catholic faith?		YES / NO
<i>Please indicate with a tick which statement best describes the practice of the family</i>		
• Weekly attendance at Mass?		
• Fortnightly attendance at Mass?		
• Monthly attendance at Mass?		
• Occasional attendance at Mass?		
• Unknown attendance at Mass?		
Are you able to confirm that the family have maintained the above pattern of practice for at least the preceding three years? Yes / No (Please circle)		
If you consider there are valid reasons for Mass attendance to be considered equivalent to weekly, because of illness or other reasons, please state this below.		
Name of Priest:		Parish stamp or seal:
Signature of Priest:		
Name of Parish:		
Address/telephone:		
		Date:

PART TWO (B) - to be completed by a minister or equivalent leader of worship

To the priest, minister or other faith leader. Please return the completed form, marked "in confidence", to the Admissions Officer at the school's address given on the front page, at the latest by 15th January 2023.

Please indicate which statement best applies by ticking the appropriate box.	
I confirm that this family is known to me and that they are regular members of our faith community.	
I confirm that this family are members of our faith community, but do not worship regularly	
This family is not known to me.	
Name:	Position / office:
Signed:	Address/telephone: