



Maria Fidelis  
Catholic School FCJ

## Enrolment Form (other than year 6)

We are required to collect certain information about you and your child. For more detail on why we collect this data, how we use, store and share it, and your rights in relation to your personal data, please see our privacy notice provided with these forms. It is also available on the school's website, along with our data protection policy which describes our responsibilities as a Data Controller under current data protection legislation.

Where stated place an **X** in the relevant boxes.

If you require this form in another format, e.g. electronic version or large print, please contact the school on 0207 387 3856.

Student Details							
Surname				Forename			
Middle Name				Preferred Name			
Gender (place an <b>X</b> in the relevant box)		Male		Female		Date of Birth	
Address							
Post Code				Residential Borough			

Please give details of all persons who have parental responsibility and anyone else you wish to have contacted in an emergency. **PLACE THEM IN THE ORDER YOU WISH THEM TO BE CONTACTED IN AN EMERGENCY.**

1. Parent/Carer							
Title		Forename			Surname		
Home phone			Work phone			Mobile	
Email				First language			
Address (if different from student)							
					Postcode		
Relationship to student (place an <b>X</b> )		Parent		Carer		Other (please specify)	
Place an <b>X</b> in the appropriate boxes:		Parental Responsibility		Correspondence		Student Report	

2. Parent/Carer							
Title		Forename			Surname		
Home phone			Work phone			Mobile	
Email				First language			
Address (if different from student)							
					Postcode		
Relationship to student (place an <b>X</b> )		Parent		Carer		Other (please specify)	
Place an <b>X</b> in the appropriate boxes:		Parental Responsibility		Correspondence		Student Report	

Name of Present School			
Year Group		Address of Present School include Local Authority	
Name of Previous Primary School			

Religious Status of child (please indicate by placing a tick in the appropriate box – please note that a **X** should be indicated in only a single box) **Please provide evidence.**

Criteria	X	Evidence
1. Catholic with a Certificate of Catholic Practice		
2. [Other] Catholic		
3. Catechumen		
4. Member of an Eastern Christian Church		
5. Member of other Christian denomination		
6. Member of other faith		

Please name 2 **additional** people who can be contacted in case of emergency this could be another relative or a family friend.

1. Emergency Contact Name				
Title		Forename		Surname
Mobile			Home phone	
Work		Relationship to student		

2. Emergency Contact Name				
Title		Forename		Surname
Mobile			Home phone	
Work		Relationship to student		

Has your child ever been eligible for free school meals (FSM)? (place an <b>X</b> in the box)	Yes		No	
Please complete and return the free school meals form, even if your child has not been eligible before.	Is your child currently eligible for free school meals?		Yes	No

Sibling(s) in school (place an <b>X</b> in the relevant box)	Yes		No	
Name			Class	
Name			Class	
Name			Class	

6. Other Children in Family		
Name	Age	School Attended

7. Children Known at Maria Fidelis Catholic School	
Name	Year Group

### Medical information

Please complete this page with as much detail as possible

GP Name		Telephone	
Practice Name			
GP Address			Postcode
Does your child have a disability? (place an <b>X</b> in the relevant box)	Yes		No
Please give details (if yes):			

### Health Questionnaire

Does your child now have or has your child ever experienced any of the following (please put an **X** to all that applies):

Any sustained injuries/illnesses		Difficulty with any form of physical exercise	
Asthma or other respiratory problems		Migraine/dizziness	
Chest pains		Muscular/joint problems	
Diabetes		Recent surgeries	
Epilepsy		Currently taking any medication	
Family history of heart disease		Severe allergic reaction (please provide further information below)	

If you marked **X** in any of the above boxes please give details i.e. severity of condition, frequency of medication, etc. (continue on a separate page if necessary).

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### Allergic Reactions

Known allergens (including food)			
How does your child react to the allergen(s)?			
Does your child have an epi-pen?	Yes		No
What treatment has been used to date for this reaction?			
Please can you identify any other medical condition that your child suffers from that has <b>not</b> been listed.			

If you require the school to store any medication for your child or if your child needs to carry any medication on them, you must complete the appropriate forms – available on our website or from the school Admin Office.

### Other

Does your child wear glasses? (place an <b>X</b> in the relevant box)	Yes		No	
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## Ethic Monitoring

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

Please study the list below and tick one box only to indicate the **ethnic background** of the child named above. Please put a **X** in the Religion and Home Languages section, and complete who filled in the form.

Ethnic origin		Home languages		Religion	
<b>White</b>		Albanian		Buddhist	
British		Amharic		Roman Catholic	
Irish		Arabic		Christian ( <i>other</i> )	
Traveller of Irish Heritage		Bengali		Hindu Jewish	
Gypsy/Roma		Chinese		Muslim	
<b>Any Other White Background</b>		Danish		Sikh	
Greek		Dutch/Flemish		No Religion	
Turkish		English		Not specified	
Turkish/Cypriot		Finnish		Other please specify:	
Albanian (excluding Kosovan)		French			
Kosovan		Gaelic (Scotland) Gaelic/Irish			
White European		German		<b>Information provided by:</b>	
White Other		Greek		Parent/Carer	
<b>Mixed</b>		Gujarati		Student	
White & Black African		Hebrew			
White & Asian		Hindi			
White & Black Caribbean		Italian			
Other mixed background		Japanese			
<b>Asian or Asian British</b>		Korean			
Bangladeshi		Kurdish Norwegian			
Indian		Panjabi			
Pakistani		Persian/Farsi			
Any other Asian		Polish			
<b>Black or Black British</b>		Portuguese			
Caribbean		Russian			
Somali		Serbian/Croatian/Bosnian			
Nigerian		Somali			
Congolese		Spanish			
Other Black African		Swahili/Kiswahili			
Any other Black background		Swedish			
<b>Chinese</b>		Tamil			
<b>Any Other Ethnic Background</b>		Turkish			
Latin/South/Central American		Urdu			
Kurdish					
<b>Other Ethnic Group</b>		Vietnamese			
		Welsh/Cymraeg			
I do not wish an ethnic background category to be recorded		Yoruba			
		Other please specify:			

<b>Country of Origin</b>	
<b>Length of time in the United Kingdom</b>	

## THE DISABILITY AND EQUALITY ACT

### Disability Monitoring

Maria Fidelis Catholic School FCJ prides itself on being a fully inclusive school. We would like to ensure that parents/carers and students have full access to the school and the curriculum. If you consider that you, or your son/daughter, has a disability, please fill in this section.

*'A person has a disability if he or she has a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities. This includes people with HIV, cancer and multiple sclerosis from the point of diagnosis.'*

Long term means that the effect of the impairment has lasted, or is likely to last, for at least 12 months.

	Student		Parent / Carer	
	Yes	No	Yes	No
<b>Are you registered disabled?</b>				
<b>Registered number</b> (if known)				
<b>Do you consider yourself disabled?</b>				
Yes, please put a <b>X</b> in the box which best describes your condition below:				
<b>Dyslexia</b>				
<b>Blind/partially sighted</b>				
<b>Deaf/hearing difficulties</b>				
<b>Wheelchair/mobility difficulties</b>				
<b>Personal care support</b>				
<b>Mental health difficulties</b>				
<b>Unseen disability e.g. diabetes</b>				
<b>Multiple disabilities</b>				
<b>Autistic Spectrum Disorder</b>				
<b>Other – please specify:</b>				

It can help us to ensure effective inclusion of everyone if we can identify anything that poses a barrier to your full participation. What are the biggest barriers for you in doing what you want to do in this school?

Please put an **X** in the appropriate box:

	Student	Parent / Carer
<b>Access to buildings, streets and transport vehicles</b>		
<b>Written information or communication</b>		
<b>Verbal or audible information/communication</b>		
<b>People's attitudes to you because of your physical or mental impairment</b>		
<b>Lack of reasonable adjustments</b>		
<b>Policies or procedures such as the fire evacuation procedures</b>		
<b>Other barriers please specify:</b>		

Is your child **'looked after'** by the Local Authority, adopted or subject to a residence or special guardianship order? Put an **X** in the appropriate box (*Please provide documented evidence*)

<b>Yes</b>		<b>No</b>	
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Does your child have exceptional medical, pastoral or social needs that can only be met by attendance at this school? Put an **X** in the appropriate box (*Professional evidence will be required*)

<b>Yes</b>		<b>No</b>	
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## Additional Needs

**Does your child have any additional needs or involvement with any other agencies?**

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## Additional Information

Extra-Curricular interests:

Any skills parent/carer could offer:

Any skills parent/carer would like support with:


## Transport to School

Please write in your post code and put a **X** the box that best describes how your son/daughter will get to school. There may be more than one way.

Postcode	
Car / Van	
Car Share	
Cycle	
London Underground	
Taxi	
Tram/Light rail	
Public Bus Service	
Walk	
Other (please specify)	

**Name of person filling out this form:**

**Relationship to child:**

**Sign:**

**Date:**




**Maria Fidelis**  
Catholic School FCJ

## **RECOGNITION AND ACCEPTANCE OF THE SCHOOL'S ROMAN CATHOLIC RELIGIOUS ETHOS**

1. Maria Fidelis Catholic School FCJ has been founded to provide for the educational needs of Catholic families in this part of the diocese of Westminster.

2. The constitution of the school states:

“Religious observance and education in the school shall be in accordance with the Rites and practice and doctrines of the Roman Catholic Church”.

3. The bishops, the trustees who are the Society of the Faithful Companions of Jesus, and the Governors of the school intend that pupils should receive an education of a high standard provided by teachers dedicated to the task of the Christian formation of children and young people in an atmosphere pervaded by Gospel values and the message of Christ.

4. This means that Religious Education, while given full expression in the prayer life of the school, its acts of worship and instruction in the faith, is not limited to these.

As the Bishops have said, “The beliefs and values it communicates should inspire and unify every aspect of school life. It should provide the context for, and substantially shape, the school curriculum, and offer living experiences of the life and faith in its practical expression.” (Statement from Bishops’ Conference 1988)

Partnership with parents, the primary educators of their children, has long been a principle embedded in Catholic education. The Governors value and welcome, above all, the co-operation of parents in seeking to achieve these aims for pupils attending the school.

5. The Governors have agreed that all parents seeking a place at this school should be asked to signify that they understand and accept this statement of purpose and aims for pupils at the school.

6. I agree that my child will attend all assemblies and liturgies organised for services and year groups. I have read and understand the statement of aims and purpose made above which I agree to support for my child(ren), should I be offered the pupil place(s) I have requested.

**Parent’s signature:** .....

**Parent’s name:**.....

**Date:** .....

**For Official Use Only:**

Transfer Form received :      Yes         No         School LA  

Place offered :                      Yes         No  

Place accepted :                      Yes         No  

Interview Date:         Time:  

Tutor Group:         House:  

**This form should be returned  
to Maria Fidelis Catholic School FCJ  
1 - 39 Drummond Crescent,  
London  
NW1 1LY**

**Email: [admissions@mariafidelis.camden.sch.uk](mailto:admissions@mariafidelis.camden.sch.uk)**

