



“Deo Reddite Dei” “Give back to God what belongs to God”

Upper site
Ordnance Street, Chatham, Kent. ME4 6SG

Lower site
79 Maidstone Road, Chatham, Kent. ME4 6DP

T: 01634 543123
headteacher@stjohnfisher.school
www.stjohnfisher.school

Request for an admission appeal

Please complete this form in BLOCK CAPITALS

Child's Name			(Boy/Girl) please delete
Date of Birth			
Home Address			
	Post Code:		
Parent/Carer Name(s)	Title: Mr / Mrs / Miss / Ms / other _____ please delete		
Telephone Numbers	Home	Mobile	
E-mail			
Child's Current School			

If you are not currently a practicing Catholic please state why you are choosing Catholic Education at secondary level.

INFORMATION ABOUT RELIGIOUS PRACTICE

Name of Parish Priest/other priest/minister: _____

Parish/Church: _____

Saturday Night/Sunday Mass attendance (please tick which apply in each case)

CHILD	WEEKLY <input type="checkbox"/>	FORTNIGHTLY <input type="checkbox"/>	MONTHLY <input type="checkbox"/>	OCCASIONALLY <input type="checkbox"/>
	Has this been for at least two years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
MOTHER/CARER	WEEKLY <input type="checkbox"/>	FORTNIGHTLY <input type="checkbox"/>	MONTHLY <input type="checkbox"/>	OCCASIONALLY <input type="checkbox"/>
	Has this been for at least two years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
FATHER/CARER	WEEKLY <input type="checkbox"/>	FORTNIGHTLY <input type="checkbox"/>	MONTHLY <input type="checkbox"/>	OCCASIONALLY <input type="checkbox"/>
	Has this been for at least two years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

VERY IMPORTANT: Send, with this form, a copy of your child's baptismal and birth certificate. DO NOT SEND THE ORIGINAL.



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PRIEST’S REFERENCE

Parish Priest: Please provide evidence in support of this application:

- The above named family/child are/is known to me
- I have seen a copy of the child’s baptismal certificate
- The child is enrolled in the Catechumenate

Any other comments:

Please state clearly your reasons for appeal.

Please continue on a separate sheet if you wish.



ST JOHN FISHER CATHOLIC SCHOOL

Headteacher **Mrs D. Lennon**

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Signed (Parent)	
Name (please print)	
Date	

Please note:

- Additional/supporting information and evidence may be attached in support of your appeal.
- If you have any questions please contact the school