



Kentish Town C of E Primary School
Islip Street
London NW5 2TU
Tel: 0207 485 1279 Fax: 0207 485 1280
www.kentishtown.camden.sch.uk

**SUPPLEMENTARY FORM
FOR COMPLETION BY PRIEST/MINISTER IN SUPPORT OF AN
APPLICATION TO THE SCHOOL**

Note to Parent/Guardian: If you have indicated to the school that your child's application for admission is being made because you attend church, please ask your Priest/Minister to complete this form.

Details of Child

| | |
|--------------------------------|---------------|
| Family name | First name |
| Date of birth (proof required) | Sex M/F |
| Child's address: | |
| Postcode: | Telephone No: |
| | Mobile No |

Family Details

| | | |
|-----------------------------------|-----------------------|---------------------------|
| Mother/Guardian 1 full name: | | |
| Address if different from child's | | |
| Postcode | <u>Telephone Nos:</u> | Home: Work: Mobile: |

Note to Priest/Minister: Criteria 3, 6 & 7 give preference to those who live within 1/2 mile of our school and attend St Benet and All Saints' Church, or another Church and who live within 1/4 mile of our school. To help the Governing Body allocate places, we would be grateful if you would kindly complete this form. Thank you.

| | | |
|---|-----------|------|
| Is the child/family known to you? | Yes/No | |
| The name of your Church? | | |
| Does it subscribe to the Nicene Creed? | Yes/No | |
| Have the parents attended at least twice a month for a period of two years? | Yes/No | |
| Name | Signature | Date |

Signature of Parent/Guardian _____ **Date** _____

**PLEASE NOTE: IF YOU ATTEND ST BENET AND ALL SAINTS CHURCH
PLEASE SIGN THE REGISTER. EVIDENCE THAT YOU HAVE ATTENDED
A SUNDAY SERVICE AT LEAST TWICE IN EACH CALENDAR MONTH
FOR A MINIMUM PERIOD OF TWO YEARS WILL BE REQUIRED.**