

## Supplementary Information Form



St Alban's C.E Primary School  
Baldwin's Gardens  
Holborn  
London  
EC1N 7SD  
Telephone: 020 72428585

e-mail: [admin@stalbans.camden.sch.uk](mailto:admin@stalbans.camden.sch.uk)

**Child's first name:**

**Child's surname:**

**Date of Birth:**

**Child's address:**

**Full post code:**

**Names and date of birth of any brothers or sisters who will be on the roll at St Alban's at the time of attendance:**

Name:

Date of Birth:

Name:

Date of Birth:

**Parent/Carer (s) with whom the child lives:**

Name:

Relationship to child:

Telephone:

Name:

Relationship to child:

Telephone:

**If you are applying to the school under criteria 3 or 6 please provide written evidence in the form of a letter from the priest of the church or equivalent.**

**I confirm that the details about my child are correct. I will inform the school office and complete another form if my child's address changes. I understand that this information form is void if false information is give.**

Parent's signature:

Date: