#### Supplementary Information Form

**Please complete all information**

**and return to: St Gabriel’s CE Primary School**

###### Churchill Gardens Road

##### London SW1V 3AG

Please write in **CAPITAL LETTERS** and use black ink

# CHILD’S DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname | First Name(s) | | | |
| Home address  *(and full post code)* |  | | | |
| Home telephone number |  | | | |
| Date of birth | Day | Month | Year | Sex |

## PARENTS’ DETAILS

|  |  |  |
| --- | --- | --- |
| Name of father or guardian |  | |
| Name of mother or guardian |  | |
| **Faith information:**  Are you applying for a Christian or Other Faith place? YES/NO | | |
| Name and denomination of church or other place of worship which family attends, length of attendance and frequency: | | |
|  | | |
| Name of Church of England Parish in which you live:  Name of Minister who can confirm your church/ attendance:  Name of worship leader who can confirm your attendance:  Address of Minister/ faith leader:  NB: If you have moved recently, please give the name & address of your previous minister/ faith leader. | | | |
| Signed: Date:  (Parent/guardian) | | |

|  |  |  |
| --- | --- | --- |
| **Please indicate which admissions criterion your child fulfills:** | | Please tick |
| Child who is in public care | |  |
| Children whose parents worship at St Gabriel’s at least monthly and have done so for at least a year | |  |
| Children whose parents worship at least monthly in other Anglican Churches and have done so for at least a year | |  |
| Children whose parents worship at least monthly in other Christian Churches\* (\*as defined by the Churches Together in Britain and Ireland) and have done so for at least a year | |  |
| Children who are baptised Anglicans (baptismal form will be required). | |  |
| Children who are baptised by other Christian rites (baptismal form will be required | |  |
| Children who have brothers or sisters, already in the school, at date of entry to Reception Class.  [*Please write children’s names:]* | |  |
| Children whose parents live in the parishes of St Gabriel’s, St Saviour’s and St James the Less | |  |
| Children of other faiths who practise their faith at least monthly and whose parents support the aims and ethos of St Gabriel’s and have done so for at least a year | |  |
| Children who do not meet any of the previous criteria |  |

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| **CLERGY REFERENCE** |
| The parents/guardians of the child named above have applied for a place at this school and have given your name as a referee. Would you kindly complete this form . Thank you for your help. |
| Is your church Anglican? Yes/No If no, is your church either a full or associate member of the Churches Together in Britain and Ireland (or the Evangelical Alliance?) - Full member/associate member  Have the family worshipped at your church for at least a year?  yes 🞏 no 🞏  How frequently do they attend church worship?  monthly 🞏 |
| Signature of parent/guardian: Date: |
| Signature of Minister/Incumbent:  Date: |