

33 St Peter's Road, Hammersmith, London, W6 9BA Tel: 020 8748 7756 Fax: 020 8748 3318 Email: admin@stpetersce.lbhf.sch.uk

Supplementary Information Form for Admission to St Peter's CofE Primary School

Please ensure that you have completed a separate Coordinated Application Form

FOR SCHOOL USE ONLY

Date of receipt of application

Introduction

St Peter's is a Church of England Voluntary Aided Primary School in the Parish of St Peter's, Hammersmith. In the main school there are approximately 200 children aged 4 to 11 years.

About once a month a visiting time is offered to prospective parents when they will be shown around the school. Parents will be able to talk to the head teacher and ask any questions about the school. If you would like to be booked on one of these visits to the school, please telephone the School office.

Application to the main school should be made in accordance with the Local Education Authority's guidelines and the St Peter's Admissions Policy.

In the event of over-subscription all applications will be considered in the light of the Governors' Admissions policy for the relevant year of entry. As some applicants are likely to be disappointed, it is always wise to apply simultaneously to other schools of your choice.

If your child is not offered a place, you have the right of appeal to an independent appeals committee. Further details are available from the school office.

Information for a place at St. Peter's Main School. PLEASE COMPLETE IN BLOCK LETTERS

| 1. ABOUT THE CHILD | | | | | |
|--|----------|------|------|---------|----------|
| Child's surname | | | | | |
| Child's forenames | | | | | |
| Gender | Male | | | Female | |
| Date of birth (Please use numbers eg: 29/6/99 | / | / | | | |
| 2. ABOUT PARENTS/GUARDIANS | | | | | |
| Surname of main carer | | | | | |
| Please give title | Mrs / Mr | / Ms | / Re | ev / Dr | |
| Forename | | | | | |
| Address with postcode (Proof of address must be provided, e.g. copy of utility bill) | | | | | |
| | | | | | |
| Telephone | | | (Hm |) | (Mobile) |
| Email | | | | | |
| Relationship to child | | | | | |
| Does the child live with you? | Yes | | | No | |
| Other parent's/guardian's surnames | | | | | |
| Please give title | Mrs / Mr | / Ms | / Re | ev / Dr | |
| Forename | | | | | |
| | | | | | |

| Address with postcode (Proof of address must be provided, | | |
|--|-----------|----------|
| e.g. copy of utility bill) | | |
| | | |
| Telephone | (Hm) | (Mobile) |
| Relationship to child | | |
| Does the child live with you? | Yes No | |
| | | |
| 3. OTHER CHILDREN IN THE FAMILY | | |
| Will you have another child who will be | | |
| attending St. Peter's School at the proposed date of admission? If yes, please give details. | Yes No | |
| If no, go to section 4. | | |
| | Name: | |
| | D.O.B / / | |
| | | |
| | | |
| | Name: | |
| | D.O.B / / | |
| | | |
| | | |
| | Name: | |
| | D.O.B / / | |
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| 4. SOCIAL/MEDICAL NEEDS | | | | |
|---|---|-----|----|--|
| If there are any significant social, medical | | | | |
| or personal needs of the child that you | | | | |
| would like taken into consideration, | | | | |
| please descibe them here. To help the | | | | |
| Governors in their consideration please | | | | |
| attach a letter(s) from your social worker, | | | | |
| GP or other appropriate qualified | | | | |
| person, which states the reason why the | | | | |
| child should attend this school and | | | | |
| the difficulties that would be caused if | | | | |
| another school had to be attended. | | | | |
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| Is the child Looked After by a Local Authority? | ` | Yes | No | |
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| 5. CHURCH MEMBERSHIP | | | | | |
|--|---------------------------------|----|---|---|--|
| Do you currently attend any Christian Church? | Yes | No | | | |
| If yes, please complete this section. | Full name of Church attended | | | | |
| If no, leave blank and go to signature block. | Address: | | | | |
| | | | | | |
| | Telephone: | | | | |
| You must ask your priest/minister to | Denomination: | | | | |
| complete the next part of this section before you sign below to confirm the reference. | | | | | |
| Long term commitment: Has the child's family (parents or guardians) attended your church for more than two years? | Yes | No | | | |
| If no, how long? If no, applicant should obtain a reference | | | | | |
| from their previous church if applicable. | | | | | |
| Attendance: Does the child's family attend Church most Sundays | Yes | No | | | |
| At least twice a month | Yes | No | | | |
| Less frequently (please tick one box) | Yes | No | | | |
| Signed (parish priest) | | | | | |
| Name (block capital) and date | | | / | / | |
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To the best of my knowledge the information given is accurate.

| Signature (Parent/carer) | |
|-----------------------------|--|
| | |
| Date | |
| | |

Please do ask the school for a copy of the school's admissions policy pertaining to the proposed year of entry for your child if you do not have one.

