



Admissions Supplementary Information Form 2017-18

1 Robinson Street, London SW3 4AA
T 020 7352 5708
E mail info@chchchelsea.rbkc.sch.uk
www.chchchelsea.rbkc.sch.uk

IT IS VITAL THAT YOU READ THE ADMISSIONS ARRANGEMENTS BEFORE YOU COMPLETE THIS SUPPLEMENTARY APPLICATION

Christ Church CE Primary is a successful, over-subscribed school for entry to the Reception Class. When places are over-subscribed the Governors admissions criteria are used to prioritise places.

ENTRY TO RECEPTION CLASS (when your child is rising 5 years old).

You need to complete the Common Application Form, where you will need to name the school. In addition if you are applying for a foundation place (Category 3) you should also complete this Supplementary Information Form so that the Governors may consider your application fully.

This should be returned to the school along with the Vicar's signed verification of your attendance.

ENTRY AT ANY OTHER POINT (when your child is 5 years or over).

You may apply whenever your child needs a place.

If you would like to visit the school please ring the school to make an appointment. The Head teacher will show you around the school and answer any questions you may have. Please telephone the school office on 020 7352 5708

When this form is completed would you please return it to:

Admissions
Christ Church CE Primary School
1 Robinson Street
London SW3 4AA



Please complete this page and pass it to your Priest, Minister or religious leader to verify.
When they have completed their section they will send it back to the school.

Christ Church CE Primary School

Surname of child:		
First name of child:		
Date of Birth:		
Parent's name:		
Address and telephone number:		
At the point of the child's entry to school, will they have a sibling in the school? Please supply their name.		
Church attended:		
	Yes	No
I have attended church at least 24 times a year for a minimum of two years: <i>tick as appropriate</i>		
Signed: (one parent please)		
Date:		



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Christ Church CE Primary School

CONFIDENTIAL CHURCH/FAITH COMMUNITY MEMBERSHIP REFERENCE

Full name of child _____

Date of birth _____

Full address _____

Post Code _____

Telephone number: _____

Name and address of usual place of worship and of Minister/Priest:

Post Code _____

(If less than two years please attach a supporting reference from a previous place of worship)

Minister/Priest's signature verifying the information given above

Minister/Priest's name and telephone number (please print)
