

# SCHOOL

Application for Admission to school for Reception Class – September 2017 onwards

## Immanuel & St Andrew C.E. Primary School

Northanger Road, Streatham, London, SW16 5SL

Tel: 020 8679 5005

[www.immanuelchoollambeth.org.uk](http://www.immanuelchoollambeth.org.uk)

@immanuelprimary

<b>Child's Surname:</b>							
<b>First Name(s):</b>							
<b>Boy:</b>	<input type="checkbox"/>	<b>Girl:</b>	<input type="checkbox"/>	<i>(Please tick box)</i>	<b>Date of Birth:</b>		
<b>Address:</b>							
					<b>Postcode:</b>		
<b>Telephone Number:</b>							
<b>Father's Surname:</b>				<b>First Name:</b>			
<b>Mother's Surname:</b>				<b>First name:</b>			
<i>(or name of adult(s) with whom the child lives)</i>							
<i>Please tick to say whether the child has a brother or sister already attending the school, or a place applied for:</i>							
<b>YES</b>	<input type="checkbox"/>	<b>Child's Name</b>				<b>No</b>	<input type="checkbox"/>
<b>Religious denomination:</b>							
<b>Church attended:</b>							
<b>Priest or Minister:</b> (who can be contacted by the Governors Admissions Committee)	<b>Name &amp; Address:</b>						
<b>Please give your reasons for wanting your child to attend this school:</b>							
<b>I apply for my child to be admitted to Immanuel &amp; St Andrew C.E. Primary School. I declare that the details given above are correct.</b>							
<b>Parent's Signature:</b>					<b>Date:</b>		
<b><i>If you are offered a place for your child, proof of residence will be required</i></b>							

**Please note that for pupil admission to our Reception Class for the academic year 2017-18 this form must be completed and returned to our school office by 06/01/17 at the latest**