



St Peter's C of E Primary School

Liverpool Grove Walworth London SE17 2HH

Tel 020 7703 4881 Fax 020 7703 1601

1113

SUPPLEMENTARY ADMISSION FORM TO SCHOOL

PLEASE USE BLOCK CAPITALS

Childs surname _____ Christian/first names _____

Boy Girl

Date of birth: Day Month Year

Address _____

Telephone _____

PARENTS

Mother's surname _____ Christian/first names _____

Father's surname _____ Christian/first names _____

BROTHERS/SISTERS

Have you a child/ren attending St. Peter's school at the moment? Yes No

If Yes, surname _____ Christian/first names _____

PRESENT SCHOOL, OR PRE-SCHOOL

Which school, nursery or playgroup does your child attend at the moment, if any? _____

Are there any social or medical reasons for this application? Yes No

Written confirmation must be provided:

Does your child have any special educational or other needs? Yes No

If Yes, please give details:

CHURCH ATTENDANCE

Do you worship at St.Peter's church? Yes No

Please ask a member of St Peter's Clergy to confirm this Sign _____ Name _____

I confirm that this family attends church regularly? Note: 'Regular' - Attending the relevant place of worship on

average once a fortnight for at least six months. Or occasionally?

Do you attend another church? Yes No Please provide a letter from your priest/pastor to confirm this

Signed _____ (Parent/Guardian) Date _____

Received _____ (School) Date _____