**ST PAUL’S WHITECHAPEL CE PRIMARY SCHOOL**

Supplementary Information Form

for Reception Class to Year 6

Child’s full name: …………………………………………………………. Date of Birth: ……………………………….

Address: ………………………………………………………………………………………

Post Code: ……………………..

Mother’s full name: ……………………………………. Father’s full name: ……………………………………….

Home telephone no: ……………………………………. Mobile no: ……………………………………………………

Is this child the first born? **Yes/No** If no, what is their position in the family: ……………………….

Gender: **Male/Female** Academic Year applying for: …………………… Class: ………………….

Please indicate if you are a working family: Yes / No

Religion:…………………………………… Ethnicity:……………………………………….

Current/Previous School: ……………………………………………………………………………………………………..

Does the child have a sibling at this school? **Yes/No** If yes, please give the names of siblings:

Before submitting this form please confirm that you have seen a copy of the school’s Admissions Policy **Yes/No**

I am the person with parental responsibility for the child named above and the information given is true. I understand that false or misleading information may result in the offer of a place being withdrawn.

Parent / carer’s signature ………………………………………… Date of application: ………………………….

Please return this application form to the school office with the following:

* Proof of the child’s date of birth:
* Original recent proof of address:
* Religious Certificate:
* Any other supporting documents

**CATEGORY OF APPLICATION**

You may apply for either a **Foundation Place** or an **Open Place**. Please see the Admissions Policy for definitions of the terms used.

Please indicate the place for which you wish to apply by placing a tick against **one** of the following categories of places available:

|  |
| --- |
| **FOUNDATION PLACE** These places are for a child whose parents/carers are faithful and regular worshippers in an Anglican or other Christian Church.**Please tick one box only** |
| **Place for a looked after child** *If you are applying for a place in this category please read section A & Section B below.*  |  |
| **Place for a child with medical or social needs***If you are applying for a place in this category please read section A & Section B below.*  |  |
| **Place for any other child whose parents/carers are faithful and regular worshippers in an Anglican or other Christian Church** *If you are applying for a place in this category please read section A & Section B below.*  |  |

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| **OPEN PLACE**These places are for a child who does not qualify for a Foundation Place but who have chosen the school for the education it provides.**Please tick one box only** |
| **Place for a looked after child** *If you are applying for a place in this category please read section A & Section B below.*  |  |
| **Place for a child with medical or social needs***If you are applying for a place in this category please read section A & Section B below.*  |  |
| **Place for a child whose parents/ carers are faithful and committed worshippers at Foundation (World Faiths).***If you are applying for a place in this category please read Section B below.* |  |
| **Place for any other child***If you are applying for a place in this category no further information is required by the school.* |  |

**SECTION A**

If you are applying for a place on behalf of a child in public care or who has been adopted or made subject to residence orders or special guardianship orders, you should contact the School Office immediately. The school will then contact the Local Authority to confirm the child’s circumstances.

If you are applying for a place on behalf of a child with exceptional and professionally supported medical or social needs, you should contact the School Office immediately. You will need to provide documentary evidence of the child’s needs.

**SECTION B**

Please complete this section of the form with a minister or other faith leader confirming the pattern of attendance.

Place of Worship which the family attends: …………………………………………………………………………..

Have you attended at least once a month for a period of a year? **Yes/No**

 Please ask your minister or faith leader to complete this section

Name of Minister / Leader: ………………………………………………………………………………………..

Address of Minister / Leader: …………………………………………………………………………………….

…………………………………………………………………………………………………………………………………..

Telephone Number: ………………………………………………………………………………………………….

I support this application for a place at St Paul’s CE Primary School and can confirm that the family has attended this place of worship at least once a month for a period of a year.

Name: …………………………………………………………………………………………………………………

Signed: ……………………………………………………………………………………………………………….

Official Title: ……………………………………………………………………………………………………….

…………………………………………………….

Official Stamp: