

• ❖ For office use only  
• ❖ Date Received:

**ST ANDREW’S C.E. PRIMARY SCHOOL ADMISSIONS SUPPLEMENTARY INFORMATION FORM**

**Please complete this form in BLOCK CAPITALS**

I apply for a place at the school under criteria..... of the Admission Policy

**Name of Child:**

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

First Names: \_\_\_\_\_

Male / Female  
(Please delete as appropriate)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

The above address should be the place at which your child usually resides.

Present school or pre-school (if applicable): \_\_\_\_\_

**Name of Parent or Carer:**

Surname: \_\_\_\_\_

Mr/Mrs/Miss/Ms/Other: \_\_\_\_\_

First Names: \_\_\_\_\_

Relationship to the child i.e. mother, father, step parent, grandparent, foster carer \_\_\_\_\_

**Please give the names of any other children living at the address above:**

Name of child	Date of Birth	School (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Supporting Information** (Please delete as appropriate)

My child has a Statement of Special Educational Needs (SEN) or an Education, Health and Care Plan (EHCP) which names St Andrew’s C.E. Primary School **YES/NO**

**Please complete the reverse of this form.**

**Supporting Information** (continued)

My child is 'looked after' i.e. in the care of a Local Authority or was previously 'looked after' i.e. is adopted or became subject to a child arrangements order or special guardianship order. I have enclosed the relevant supporting evidence e.g. a copy of the order or adoption certificate. **YES/NO**

(Social worker's name \_\_\_\_\_ Contact Number \_\_\_\_\_ )

There are exceptional medical or social circumstances why my child's needs make it essential for him/her to attend St Andrew's. I have attached a letter outlining these circumstances and supporting evidence from a registered health professional e.g. a consultant or senior social worker, explaining why my child's needs can only be met at St Andrew's. **YES/NO**

**Parent/ carer's religious details for applications under Foundation Criteria 2-11:**

I am a regular worshipper at a church or another place of worship? **YES/NO**

*(Regular is defined as at least twice a month for a minimum period of at least two years immediately prior to applying to St Andrew's.)*

Name of Church/Place of worship attended: \_\_\_\_\_

Name of minister/leader of worshipping community: \_\_\_\_\_

Address &/or Telephone number of: \_\_\_\_\_  
minister/leader of worshipping community

I have forwarded the Priest Reference form to the minister/leader to complete and return to the school by the deadline. **YES/NO**

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**Application to Reception Class September 2019**

**Please note** it is important that both the **Local Authority preference form** and the **School Supplementary Information Form** are completed. The Local Authority preference form can be accessed via the Local Authority and either completed online or downloaded, completed and returned to the Local Authority or St Andrew's by the deadline on 15<sup>th</sup> January 2019. If you complete the Local Authority preference form online, or submit the form direct to the Local Authority, please provide the school with a copy of this. In addition, the St Andrew's Supplementary Information form and any supporting evidence, including the Priest Reference form must be received at the school by the deadline on 15<sup>th</sup> January 2019. The school's supplementary information form **must be completed** if you put St Andrew's as one of your three preferences on the Local Authority preference form.

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Signature of Parent or Carer: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form to the headteacher at the school address.**