



Admissions Supplementary Information Form

Please complete Section A in all cases, and then Section B if your child will be entitled to The Pupil Premium, the Early Years Premium or the Service Premium, and Section C (overleaf) if you are applying for a Foundation (Church) Place.

Section A

Child's Surname: _____ First Name(s): _____

Gender: M / F (delete as appropriate) Date of Birth: _____

Sibling/s (if your child already has a sibling at Christ Church Primary): _____

Parent(s)/Guardian(s): Mr/Mrs/Miss _____

Home Address: _____

_____ Post Code: _____

Daytime Phone Number: _____ Mobile: _____

Email: _____

Section B : Please complete this section if your child will be entitled to The Pupil Premium, The Early Years Premium or The Service Premium

Parent Declaration *please tick whichever applies*

My child will be entitled to:

The Pupil Premium	<input type="checkbox"/>
The Early Years Premium	<input type="checkbox"/>
The Service Premium	<input type="checkbox"/>

My child qualifies because:

s/he is entitled to free school meals	<input type="checkbox"/>
s/he has been 'looked after' for 6 months or longer	<input type="checkbox"/>

I confirm that the information I have given is correct and that I have read the Admissions Policy.

Parent / Carer's Signature : _____ Date: _____

Please take this form to the Christ Church Primary SW9 school office together with documents which confirm your entitlement to the Educational Premium indicated above. Suitable Documents are papers which show evidence of current and ongoing receipt of any of the following: *Income support, Income based Job Seeker's Allowance, Child Tax Credit (provided they are not entitled to Working Tax Credit and have an annual income (as assessed by HM Revenue and customs) that does not exceed £16,190, The Guarantee element of the state pension credit, Income related employment and support allowance, Support under part VI of the immigration and asylum act 1999, Working Tax credit during the four week period immediately after their employment finishes; or that one or more parent/carer is currently serving in HM Armed Forces.*

OFFICE USE:

Evidence seen:

Seen by:

Date:

Section C

Please complete part 1 or 2 of this section if you are applying for a Foundation (church) Place

Part 1 Attendance at Christ Church Brixton Road

Parent Declaration My child was baptised on (date) _____ at (say where) _____

I have been worshipping regularly at Christ Church Brixton Road since (date) _____

I confirm that I am on the 'electoral roll' of Christ Church, Brixton Road .

I attend Christ Church, Brixton Road at least fortnightly.

My child attends Christ Church, Brixton Road at least fortnightly.

I confirm that the information I have given is correct and that I have read the Admissions Policy.

Parent / Carer's Signature : _____ Date: _____

Please now return the form to the School, the school will then send the form to the Vicar for verification

To be completed by the Vicar (or equivalent) of Christ Church, Brixton Road

Vicar's Declaration: : I agree with the information given above Yes No (please tick).

If 'No', please state how you differ:

I confirm that the Parent / Carer named above is on the electoral roll of the church.

Vicar's Signature..... Church Stamp:

Part 2 Attendance at another Church

Parent Declaration: I, and the child named on this form, are resident in the ecclesiastical parish of Christ Church, Brixton Road (my address is in the Christ Church Brixton Road parish). Yes No (please tick)

My child was baptised/ or equivalent on (date) _____ at (say where) _____

I have been worshipping at (give name and address of the church attended) _____

_____ post code _____ Since: (date) _____

I attend the above named church at least fortnightly.

My child attends the above named church at least fortnightly.

I confirm that the information I have given is correct and that I have read the Admissions Policy.

Parent / Carer's Signature : _____ Date: _____

Please now return the form to the School, the school will then send the form to the church for verification

To be completed by the Priest/ Minister of the above named church

Priest/ Minister's Declaration: I agree with the information given above Yes No (please tick).

If 'No', please state how you differ:

I confirm that the above named church is a member of Churches Together in England,

Membership number: _____ Church Stamp:

Minister's name (please print) _____

Minister's Signature: _____ Date _____

OFFICE USE: Address check confirming residence in parish carried out by:

Result:

Date: