



REAY PRIMARY SCHOOL  
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## SUPPLEMENTARY APPLICATION FORM RECEPTION CLASS

### DETAILS OF CHILD:

SIBLING ATTENDING REAY YES  NO

SURNAME .....

OTHER NAME/S .....

GENDER ..... DATE OF BIRTH .....

ADDRESS .....

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TELEPHONE NUMBER/S .....

EMAIL .....

### OTHER CHILDREN IN FAMILY

FULL NAME

DATE OF BIRTH

SCHOOL ATTENDED

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### DETAILS OF PARENTS/CARERS

NAME OF 1<sup>st</sup> PARENT/CARER

NAME OF 2<sup>nd</sup> PARENT/CARER

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### CHILDREN APPLYING WHO ARE ALREADY ATTENDING SCHOOL:

NAME OF SCHOOL ..... YEAR GROUP .....

ADDRESS OF SCHOOL.....

**BOROUGH OF RESIDENCE** .....

**SIGNATURE OF PARENT/CARER** ..... **DATE** .....

**Is the child a Looked after Child?** (in Local Authority care) **Yes/No**  
**Does the child have Special Educational Needs (SEN)?** **Yes/No**  
**Does the child have a full Statement of SEN?** **Yes/No**

(If you are claiming a place on the ground of SEN you must supply evidence from an appropriate professional (GP, Social Services etc.) at the time of application)

**Does the child have particular health/medical needs?** **Yes/No**

If Yes, please give details:

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**YOU WILL ALSO NEED TO FILL IN A COMMON APPLICATION FORM (CAF) FROM LAMBETH. THIS FORM CAN BE OBTAINED FROM; CYPS, BRIXTON CUSTOMER CENTRE, OLIVE MORRIS HOUSE, 18 BRIXTON ROAD, SW2 1RL or online: [www.lambeth.gov.uk/eadmissions](http://www.lambeth.gov.uk/eadmissions)**

**For office use only:**

Birth Certificate Seen: Yes/No Seen by Date:

Proof of Residence Seen: Yes/No Seen by Date:

(A recent child benefit, child tax credit or council tax letter)