



**St John's Angell Town C of E Primary School in Partnership with
Christchurch Streatham and St. Luke's C of E Primary Schools**
85 Angell Road, Brixton, London, SW9 7HH
Tel: 020 7274 4847

Executive Headteacher: Mrs Nicky Zeronian-Dalley

Email: admin@st-johns.lambeth.sch.uk

Website: www.st-johns.lambeth.sch.uk



Child's Details

Forename: Surname:

Preferred Name:

Date of Birth: Gender:

Address:

Home No: Mobile /Work No:

Is this child a looked after child or in public care of authority? **Yes / No**

If yes which borough is the child looked after by?

Attach a letter from a social worker to confirm the child is a looked after child.

Has your child attended any other Nursery / School? **Yes / No**

If yes please give details below:

Does the child have a brother / sister who already attend this school? **Yes / No**

If yes please give details below:

Childs Name	Class/Year
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Does your child have any special or additional educational needs – If yes please give details)



If your child has come from another country, how long has the child been in the UK?

_____ Date of arrival _____

Is there any other information we may need to know about?

Parent / Carer Sign:

Date:

Parent / Carer Name:

Received by School Sign:

Date:

CLERGY FORM

The parents/carers of the child (ren) named below have applied for a place at this school. Your name has been given as a referee. Could you please complete and return this form to school as soon as possible.

Child (ren) name _____

Date of birth _____ Religion _____

Parent/carer name _____

Address _____

CLERGY/MINISTER/ PASTOR USE ONLY

Please do not take this form to the Vicar of St John`s Church if you have not been a regular (twice a month) member of the church for a least one year.

Please could you tell us whether both parents and/or children are currently worshippers at your church. *

	Father	Mother	Child
Weekly	_____	_____	_____
Fortnightly	_____	_____	_____
Monthly	_____	_____	_____
Festivals	_____	_____	_____
Never	_____	_____	_____

For how long have they worshipped at your church? _____ Years _____ months

Priest to sign _____

Name _____

Church stamp