

**SUPPLEMENTARY INFORMATION FORM FOR RECEPTION PLACES FOR SEPTEMBER**

**This form should only be completed if you wish to be considered for a Foundation (Church) Place.**

Please read the admissions criteria before submitting the form. This supplementary information and clergy form should be returned to the school by 15<sup>th</sup> January 2019. For pupils with statements of special education needs, or an Education, Health and Care (EHC) Plan parents need to contact Lambeth SEN Department. **Please ensure that you complete Lambeth's Common Application Form (CAF) on-line by their deadline (usually mid-January).**

Child's Details	
First name (s) (as given on birth certificate)	
Middle name(s) (as given on birth certificate)	
Child's Surname (as given on birth certificate)	
First name and Surname by which your child is usually know	
Country of origin	
Date of birth Day/month/year	
Gender	Male      Female

Parents' details	
Mother's legal first name:	
Mother's legal surname	
Mother's Mobile Number:	
Father's legal first name:	
Father's legal surname	
Father's Mobile Number:	

Child's Home Address	
Post Code:	Borough:
Telephone Number:	

Church Information	
Have you attended church at least twice a month for at least two years prior to application?	
Name and full postal address of church attended	
Name of minister of your church	

For official use only	
Date of receipt of application	/ /
Date clergy reference received	/ /
Parents informed to complete Lambeth's form	/ /

# CLERGY FORM



Dear Parents / Carers

Please complete the box below with your child's details and then give the form to your Minister / Incumbent to complete the rest of the form.

Child's Details (to be completed by parents)						
First name (s)						
Middle name(s)						
Child's Surname						
Date of Birth						
Name of Parent(s) / Carers (s)						



Dear Minister/Incumbent

The parent(s)/carers(s) of the child named below have applied for a place at this school and have given your name as a referee. We would be grateful if you could kindly complete this form and return it to the applicant. Thank you for your help.

To be completed by the Minister/Incumbent			
Name:			
Name of Church:			
Address of Church:			
Please tick the boxes to indicate your answers:			
Is your Church:	Anglican?	Yes	No
	A full member of Churches Together in Britain and Ireland?	Yes	No
	The Evangelical Alliance?	Yes	No
Have the family worshipped at your church for a year or more?	Yes	No	
Have they attended church worship for at least twice a month?	Yes	No	
Additional information (please give brief details):			

I have attached a letter headed paper or compliment slip to this form.	
Signed: _____	
Date _____	