



Admissions Supplementary Information Form 2022-23

1 Robinson Street, London SW3 4AA
T 020 7352 5708
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www.ccht.rbkc.sch.uk

IT IS VITAL THAT YOU READ THE ADMISSIONS ARRANGEMENTS BEFORE YOU COMPLETE THIS SUPPLEMENTARY APPLICATION

Christ Church CE Primary is a successful, over-subscribed school for entry to the Reception Class. When places are over-subscribed the Governors admissions criteria are used to prioritise places.

ENTRY TO RECEPTION CLASS (when your child is rising 5 years old).

You need to complete the Common Application Form, where you will need to name the school. In addition if you are applying for a foundation place (Category 3a-d) you should also complete this Supplementary Information Form so that the Governors may consider your application fully.

This should be returned to the school along with the Priest, Minister or religious Leader's signed verification of your attendance.

ENTRY AT ANY OTHER POINT (when your child is 5 years or over).

You may apply whenever your child needs a place.

If you would like to visit the school please ring the school to make an appointment. The Head teacher will show you around the school and answer any questions you may have. Please telephone the school office on 020 7352 5708

When this form is completed would you please return it to:

Admissions
Christ Church CE Primary School
1 Robinson Street
London SW3 4AA



Please complete this page and pass it to your Priest, Minister or religious leader to verify.
 When they have completed their section they will send it back to the school.

Surname of child:		
First name of child:		
Date of Birth:		
Parent/Carer name:		
Address and telephone number:		
Email address:		
At the point of the child's entry to school, will they have a sibling in the school? Please supply their name.		
Place of worship attended:		
We have attended worship at least 24 times a year for a minimum of two years: <i>circle as appropriate</i>	YES	NO
Signed: (one parent/carer please)		
Date:		



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Christ Church CE Primary School

CONFIDENTIAL CHURCH/FAITH COMMUNITY ATTENDANCE REFERENCE

Full name of child _____

Date of birth _____

Full address _____

Post Code _____

Telephone number: _____

Name and address of usual place of worship and of Minister/Priest:

Post Code _____

This family has attended worship at least 24 times a year for a minimum of two years.

Minister/Priest's signature verifying the information given above

Minister/Priest's name and telephone number (please print)

(If less than two years please attach a supporting reference from a previous place of worship)