



# Admissions Supplementary Information Form 2024-25

1 Robinson Street, London SW3 4AA  
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[www.ccht.rbkc.sch.uk](http://www.ccht.rbkc.sch.uk)

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

**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 4a and b) you should also complete this Supplementary Information Form so that the Governors may consider your application fully and return to the school.

The Priest, Minister, or religious Leader's page should be completed and returned to the school by them.

**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 return it 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>	<b>YES</b>	<b>NO</b>
Signed: (one parent/carer please)		
Date:		



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

**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)*