

**ST. ANDREW'S C. E. PRIMARY SCHOOL  
SUPPLEMENTARY SCHOOL ADMISSION FORM**

<b>CHILD'S FULL NAME:</b>
<b>DATE OF BIRTH:</b>
<b>ADDRESS:</b>
<b>POST CODE:</b>
<b>TELEPHONE NUMBER:</b>
<b>MOTHER'S NAME :</b>
<b>ADDRESS - if different from above:</b>
<b>POST CODE:</b>
<b>TELEPHONE NUMBER:</b>
<b>FATHER'S NAME :</b>
<b>ADDRESS - if different from above:</b>
<b>POST CODE:</b>
<b>TELEPHONE NUMBER:</b>

<b>DO ANY OF YOUR CHILDREN ALREADY ATTEND ST. ANDREW'S SCHOOL IN RECEPTION CLASS TO YEAR FIVE?</b>	
<b>ARE YOU COMMUNICANT MEMBERS OF THE CHURCH OF ENGLAND AND ATTEND ST. ANDREW'S CHURCH?</b>	
<b>ARE YOU COMMUNICANT MEMBERS OF THE CHURCH OF ENGLAND OR OTHER CHRISTIAN DENOMINATIONS ATTENDING A CHURCH OTHER THAN ST. ANDREW'S.</b>	

**THIS FORM CONTINUES ON THE NEXT SIDE OF THIS SHEET**

**I / WE UNDERSTAND THAT COMPLETION OF THIS FORM  
DOES NOT GUARANTEE A PLACE FOR MY / OUR CHILD AT  
ST. ANDREW'S C.E. PRIMARY SCHOOL.**

**I / WE UNDERSTAND IT IS OUR RESPONSIBILITY TO INFORM THE SCHOOL  
OF A CHANGE OF ADDRESS PRIOR TO THIS APPLICATION BEING  
CONSIDERED.**

SIGNED:

DATE:

**PLEASE NOTE WHEN HANDING THIS FORM INTO THE SCHOOL OFFICE:  
PLEASE BRING ALONG YOUR CHILD'S BIRTH CERTIFICATE SO THAT WE  
CAN VERIFY THE DATE OF BIRTH/PARENTAL RESPONSIBILITY.**

**THANK YOU.**

**VERIFIED BY :** \_\_\_\_\_

**DATE :** \_\_\_\_\_