

**ST. ANDREW'S C. E. PRIMARY SCHOOL
SUPPLEMENTARY SCHOOL ADMISSION FORM : 2024 - 2025**

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

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

THIS FORM CONTINUES ON THE NEXT SIDE OF THIS SHEET

ADMISSIONS 2024 - 2025

In the event that during the period specified for attendance at worship the church has been closed for public worship and has not provided alternative premises for that worship, the requirements of these admissions arrangements in relation to attendance will only apply to the period when the church or alternative premises have been available for public worship

**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 : _____