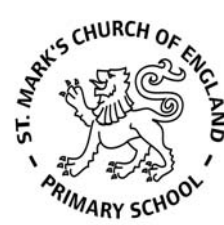


St Mark's Church of England Primary School
Reception Class
Supplementary Information Form



If you are applying to the school under criteria 2, 3 or 4, please complete this Supplementary Information Form so that Governors can fully consider your application	
Full name of child (BLOCK CAPITALS)	
Surname	
Address	
Post Code	
Contact telephone number	
Date of birth	
Name of Church Attended	
Address and telephone number of Church attended	
*Name of Vicar/Priest	
*Have the parents/ carers attended your Church at least twice per month for the last six months?	YES <input type="checkbox"/> NO <input type="checkbox"/>
*Signature of Vicar/ Priest/ Minister:	
*On completion of this form please put your official church stamp in the space provided here.	
Name of any sibling currently attending St Mark's C of E Primary School	

Please note: This is a supplementary information form. If you are applying for admission to the Reception class you will also need to complete an Islington Primary Admission Form available from: **The School Admissions Section, Cambridge Education@Islington, 222 Upper Street, Islington, N1 1XR Telephone 020 7527 5517.**

I have read a copy of the school's admission policy and I understand that the completion of this form is not an offer of a place **Yes/No**

Parent(s)/carers name in capitals: _____

Signed _____ (Parent(s)/Carers) Date _____

*** To be completed by the vicar/ priest/ minister**