

# SCHOOL ADMISSIONS APPLICATION FORM: RECEIPT REQUEST



in partnership with



**ISLINGTON**

**PLEASE COMPLETE THESE DETAILS**

**CHILD'S NAME** \_\_\_\_\_

**DoB**                    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**We hereby acknowledge receipt of your application for the above child.**

**School Admissions Team  
T. 020 7527 5515/7286**

**Date**                    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Stamp**

**PLEASE RETURN THE COMPLETED FORM TO THE ADDRESS BELOW WITH A STAMPED ADDRESSED ENVELOPE.**

***PLEASE NOTE: We regret that we are unable to reply if you do not enclose a stamped addressed envelope.***

**School Admissions Team  
Cambridge Education @ Islington  
222 Upper St  
London N1 1XR**

