



Clerkenwell Parochial C of E Primary School

Founded 1700

Amwell Street, Islington
London
EC1R 1UN

Headteacher
Amanda Szewczyk-Radley

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office@clerkenwell.islington.sch.uk

Reception Class Places at CPS for September 2020

CPS Supplementary Information Form

Please note: This is not an application form. If you wish to apply for a place for your child in CPS Reception Class you must fill in the Islington **Primary Admission Form** available from:

The School Admission Section, Islington Council, 222 Upper Street, London N1 1XR

www.islington.gov.uk/admissions - T: 020 7527 5515 E: admissions@islington.gov.uk

The **Primary Admission Form** must be returned to admissions@islington.gov.uk by the specified date

Name of Islington Church of England Primary School to which you are applying for a Reception Class place		Clerkenwell Parochial C of E Primary School	
First name(s) of child (block capitals):	(block capitals):		
Surname of child (block capitals):	(block capitals):		
Parent / Carer's Address <u>Please attach proof of address</u>			
Parents e-mail address			
Telephone numbers	Home:	Mobile:	
Child's date of birth. <u>Please attach a copy of the short form of the child's birth certificate.</u>			
Name of Church attended:			
Address of Church:			
Telephone number of Church:			
Name of Vicar / Priest*			
Contact details of Vicar / Priest if different from Church			
* Please telephone or e-mail or visit the school office for a Clergy Form for you to give to your Vicar / Priest			
Name of any sibling (s) already attending CPS**			

** Sibling refers to a brother or sister, half-brother or sister, adopted brother or sister, step-brother or step-sister or the child of the parent's / carer's partner where the child for whom the school place is sought is living in the same family unit at the same address as that sibling.

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 / Carer's name (block capitals): _____

Signed: _____

Parent / Carer

Date: _____

Please return this form to:

Clerkenwell Parochial C of E Primary School
25 Amwell Street
London EC1R 1UN tel: (020) 7837 1824
office@clerkenwell.islington.sch.uk

PLEASE RETURN THIS FORM TO CLERKENWELL PAROCHIAL C of E PRIMARY SCHOOL BY 8 FEBRUARY 2020