



# Clerkenwell Parochial C of E Primary School

Founded 1700

Amwell Street, Islington  
London  
EC1R 1UN

Headteacher  
Matthew O'Brien

tel: (020) 7837 1824  
fax: (020) 7713 6586  
office@clerkenwell.islington.sch.uk

## Reception Class Places at CPS for September 2018

### 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](http://www.islington.gov.uk/admissions) - T: 020 7527 5515 E: [admissions@islington.gov.uk](mailto:admissions@islington.gov.uk)

The Primary Admission Form must be returned to [admissions@islington.gov.uk](mailto: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):			
Surname of child (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 <u>Clergy Form</u> 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

Amwell Street

London EC1R 1UN

tel: (020) 7837 1824

fax: (020) 7713 6586

office@clerkenwell.islington.sch.uk

**PLEASE RETURN THIS FORM TO CLERKENWELL PAROCHIAL C of E PRIMARY SCHOOL BY 9 FEBRUARY 2018**