St Mary's Church of England Primary School

Quex Road London NW6 4PG Telephone: 020 7372 6565

Email: admin@stmarykilburn.camden.sch.uk



Please read all sections of this form and the Admissions Policy very carefully before you complete this form. Please complete all relevant sections in full.

SUPPLEMENTARY INFORMATION FORM FOR ADMISSION TO ST MARY'S SCHOOL NURSERY CLASS 2021-22

OFFICE USE ONLY			
DATE FORM RECEIVED:		DISTANCE FROM SCHOOL	DL:
Family Details			
Child's first name		Family name	
Date of birth		Boy / Girl	
Address (including for	all post code and Londo	n borough)	
Post Code:	Local Authority	y:	
Does this child curre	ntly have a brother or si	ster attending St Mary's	school? YES / NO
Name(s)	•	Class	
Parent / carer's* full name		*Carer's relationship to child	
Home contact number / mobile		Contact number	
Is your child cared fo	r by a local authority or	is he/she a previously lo	oked after child?
YES / NO	If YES, which local author	YES, which local authority?	
Parent / carer's signature		-	Date
	e information is correct.		

PRIEST / MINISTER'S SECTION

Only complete this part of the form if you are applying under criteria 2 to 5 of the Admissions Policy

Place of Worship

Name, address and denomination of Christian Church (see Note 1)	Religion

Priest / Minister's Section TO BE COMPLETED BY A PRIEST OR MINISTER ONLY

Please note that this section of the form must be completed by a priest / minister who is able to do so from personal knowledge of the applicant and family concerned.

Priest / Minister's name and address				
Telephone number				
1. Please tell us how long you have known the applicant and his / her	family.			
2. Have these parents/guardians worshipped at this church at least twice a month throughout the year preceding the date of application?				
throughout the year preceding the date of application?				
Signed	Date			