



St George the Martyr Church of England Primary School

John's Mews London WC1N 2NX Telephone: 0207 405 5640

Email: admin@stgeorge.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 GEORGE THE MARTYR SCHOOL Reception – Year 6 2025-26

OFFICE USE ONLY

DATE FORM RECEIVED: _____ DISTANCE FROM SCHOOL: _____

Family Details

Child's first name	Family name
Date of birth	Boy / Girl
Address (including full post code and London borough)	
Post Code: _____	Local Authority: _____
Does this child currently have a sibling attending St George the Martyr school? YES / NO	
Name(s)	Class
Parent / carer's full name	Carer's relationship to child
Home contact number / mobile	Contact email
Is your child cared for by a local authority or is he/she a previously looked after child?	
YES / NO	If YES, which local authority?
Parent / carer's signature	Date
I confirm that the above information is correct.	
Signed	

PRIEST / MINISTER'S SECTION

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

Place of Worship

Name, address and denomination of Christian Church

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 (Use official stamp if available)	
Telephone number	
1. Please tell us how long you have known the applicant and his / her family.	
2. Have these parents/guardians attended public worship services at this church <u>at least once a month throughout the two years preceding the date of application?</u>	
Signed	Date