



# St George the Martyr Church of England Primary School

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

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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 CLASS 2027-28

OFFICE USE ONLY	
DATE FORM RECEIVED:	DISTANCE FROM SCHOOL:

### Family Details

Child's first name	Family name
Date of birth	
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
Parent / carer's signature	Date
I confirm that the above information is correct.	
Signed .....	

THIS SUPPLEMENTARY INFORMATION FORM FOR PARENTS APPLYING IN THE NORMAL ADMISSIONS ROUND FOR RECEPTION CLASS UNDER OVERSUBSCRIPTION CRITERIAS 2 OR 4 MUST BE RETURNED TO THE SCHOOL OFFICE BY THE DEADLINE OF 15<sup>TH</sup> JANUARY 2027.

## CHURCH ATTENDANCE CRITERIA SECTION

Only complete this part of the form if you are applying under criteria 2 or 4 of the Admissions Policy

### Place of Worship

<b>Name, address and denomination of Christian Church</b>

### 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.

<b>Priest / Minister's name</b>	
<b>Telephone number:</b>	
<b>Has at least one parent/carer attended public worship at this church <u>at least once a month throughout the two years preceding the date of application?</u></b>	
<b>Signed</b>	<b>Date</b>
<b>Place of worship stamp (if available)</b>	