



# St George the Martyr Church of England Primary School

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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.

## IN-YEAR APPLICATION FORM FOR ADMISSION TO ST GEORGE THE MARTYR SCHOOL RECEPTION TO YEAR 6 2027-28

<b>OFFICE USE ONLY</b>	
DATE FORM RECEIVED:	DISTANCE FROM SCHOOL:

### Family Details

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

## PRIEST / MINISTER'S 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>	