

St. Peter's Eaton Square Primary School
Reception Application: School Supplementary Information Form

CHILD'S SURNAME: FORENAME:

D.O.B. (ddmmyy) : GENDER: Boy / Girl

NAME: Parent: Parent:

Guardian:

PERMANENT ADDRESS:

..... POSTAL CODE:

TELEPHONE: (HOME)..... (MOB)

EMAIL

RELIGION: CE/RC/Other (please state) BAPTISM: Yes / No

NAME OF CHURCH:

regularly attends: Yes / No [\(By regular we mean at least twice a month for a period of a year\)](#)

NAME AND YEAR GROUP OF SIBLING ALREADY IN SCHOOL (IF ANY).....

DATE:

CATEGORY:
(Office to complete)

Please read the notes before submitting your application

Notes

1. Please refer to the Admission Criteria document before filling in this form.
2. Please note that all Reception applications must be submitted by the closing date of 15th January 2020.
3. Clergy forms must be received by the school by the closing date in January.
4. Please ensure that a certificate of baptism is submitted with this form if applicable.
5. Please ensure that you have named the school on the Common Application Form which must be returned to the Local Council in which you live.