

Office Use Only:

Date received:

Supplementary Information Form St Peter's Eaton Square C of E Primary School

Pupil Details				
First Name(s)			Last Name	
DOB (dd/mm/yy)			Gender	
Application Type		☐ Reception ☐ In year application		
Current School and Year (if applicable)				
Siblings currently at St Peter'	S			
(please indicate year group)				
Parent Details				
Parent Name				
Parent Name				
Guardian/Carer Name				
Contact Details				
Permanent Address:				
				David Carla
Telephone Number:		Post Code: Home number:		
		Mobile numb	er:	
Email:				
Religion:				Dontiem, Vos / No
				Baptism: Yes/ No
Church Attendance				
Name of Church:				
Regular Attendance:		Yes / No		
At least twice a month for a year or more		103 / 110		
Signed				
Date				
Notes				
Please refer to the admission p				Application Deadline for
Ensure that the following docu	itted with this	form:	2024/25 Academic Year	
 Proof of address Certificate of hantism (if applicable)			
Certificate of baptism (if applicable)Clergy form (if applicable)				
Incomplete a	II not be acce	epted	Monday 15th January 2024	
For Reception applications, please ensure that you have name				
Pan-London eAdmissions application.				

Category: