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

CHILD'S SURNAME: …… FORENAME: ……

D.O.B. (ddmmyy) : …….. GENDER:…….....

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 CURRENTLY AT ST PETER'S (IF ANY)
……..……

DATE:

CATEGORY:
(Office to complete)

Please read the notes before submitting your application

Notes

1. **Please refer to the Admission Policy 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.**

Date Received