

RECEPTION SUPPLEMENTARY APPLICATION FORM For Foundation Places Only

You are advised to read the Admission Policy carefully before completing this form
Please ensure you also complete the London Borough of Sutton Common Application Form

Child's surname:	Child's Christian name(s):
Date of birth:	Male / Female:
Address: <i>(Proof of address will be sought by the London Borough of Sutton)</i>	
Postcode:	Telephone number:
Email Address:	
Mother's name:	Father's name:

Note:

If you are making an application due to exceptional medical or social needs requiring your child specifically to attend All Saints school, you are required to provide (**at the time of application**) written evidence from a specialist health professional or social worker, together with an explanation why this school is the most suitable and the difficulties which would be caused if the child had to attend another school. This should be supplied on the Local Authority's Common Application Form, and copied to the school with this form.

If you are applying for these reasons, please confirm here and give brief details.

A child's attendance at All Saints Nursery will not be taken into consideration.

I wish to apply for a Foundation place at All Saints Carshalton Church of England Primary School for my child and I have read the Admission Policy.

Signed (mother/father/guardian) Date

THIS FORM MUST BE RETURNED TO THE SCHOOL BY 15 JANUARY 2019

Regardless of where you live, you can access the application form on-line at
www.sutton.gov.uk/education/admissions

Please complete details overleaf.....

CHURCH ATTENDANCE

Child's name:

If you are applying for a Foundation place under category 3, 4, 5 or 6 of the admission policy, we will contact the Clergy of your church for a reference, so please supply details of the Clergy member of the church where you regularly worship. If you have recently moved to this area, please also give the name and address of your previous Clergy (continue on a separate sheet if necessary).

IT IS ESSENTIAL THAT FULL INFORMATION IS GIVEN

Name of church:

Denomination:

Name of Clergy member:

Address:

Contact telephone number of Clergy:

Email address for Clergy member:

If you have worshipped at more than one church in the past two years, please provide details. Proof of attendance will be required.

Note: Regular attendance is regarded as attendance by one parent (**at least fortnightly**), for at least **2 years**, at a main church service **at the time of application**.

Mother's attendance:

Do you attend the church noted above weekly or fortnightly? Yes No

and

Have you been attending for at least the past two years? Yes No

Father's attendance:

Do you attend the church noted above weekly or fortnightly? Yes No

and

Have you been attending for at least the past two years? Yes No