

All Saints Carshalton Church of England Primary School
Rotherfield Road, Carshalton, SM5 3DW
Tel: 020 8401 0075
email: office@allsaintscarshalton.sutton.sch.uk

SUPPLEMENTARY MID-TERM APPLICATION FORM

This form is for children who were born on or before 31 August 2008

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

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|------------------|----------------------------|
| Child's surname: | Child's Christian name(s): |
| Date of birth: | Male / Female: |
| Address: | |
| Postcode: | |
| Home number: | Mobile 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.

Signed (mother/father/guardian) Date

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

Complete this section if you are applying under the church attendance criteria

Child's name:

If you are applying for a place under category 2, 4, 5 or 7 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 member: | |
| Email address of Clergy member: | |
| If you have worshipped at more than one church in the past two years, please provide details: | |

| | | | |
|---|-----|--------------------------|-----------------------------|
| Mother's attendance: | | | |
| Do you attend the church, noted above, weekly or fortnightly? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| and | | | |
| Have you been attending for at least the past two years? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |

| | | | |
|---|-----|--------------------------|-----------------------------|
| Father's attendance: | | | |
| Do you attend the church, noted above, weekly or fortnightly? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| and | | | |
| Have you been attending for at least the past two years? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |