



**SUPPLEMENTARY INFORMATION FORM  
ST MARY'S C.E. PRIMARY SCHOOL**



Tel: 020 8451 0363 Fax: 020 8451 5630

St Mary's C. E Primary School  
Garnet Road  
Willesden  
NW10 9JA

Email: [admin@stmaryscebrentsch.uk](mailto:admin@stmaryscebrentsch.uk)

The information on this form is covered by the Data Protection Acts and will not be passed to any organisation unconnected with the educational needs of your child. You may view the information that we hold. The Council may check other sources of information in order to confirm details given on this form.

The Council has a legal duty under the Race Relations Act, 1976 and the Education Reform Act, 1988 to make arrangements with a view to ensuring that its various functions are carried out with due regards to the need to eliminate unlawful racial discrimination and promote equality or opportunity. In order to comply with this duty and to promote the objectives described above, the Council and indeed the government would like to ensure that the services they provide are available for all who apply to use them. No child should receive less favourable treatment on the grounds of race, colour, nationality, ethnic or national origins.

Please ensure you complete the ethnic background, religion and refugee status (if applicable).

Please complete in block capitals and provide any documents requested on the application form.

**INTAKE INFORMATION**

Please tick the Year Group you are applying for

Nursery  Reception  Other Year Group  (please specify) \_\_\_\_\_

**PUPIL INFORMATION**

<b>Forenames</b>	Please underline the name by which the pupil is usually known			<b>Office Use Only</b>
<b>Surname</b>				
<b>Date of Birth</b>	____/____/____	<b>Gender (M/F)</b>		Birth Cert. Seen Yes No
<b>Child's Current Permanent Address</b>				Evidence Seen Yes No
				In catchment Yes No
				On same site Yes No
	<b>Borough</b>			
<b>Postcode</b>		<b>Telephone Number</b>		
<b>Previous childcare provision attended</b>				Special Needs Yes No
<b>Reason for leaving your present school</b>				

## PARENT/GUARDIAN'S INFORMATION

Mother's Name		Father's Name	
Address if different to child's		Address if different to child's	
Daytime Tel/Mobile		Daytime Tel/Mobile	
Occupation & Work No		Occupation & Work No	
Mother's Country of Birth		Father's Country of Birth	
Mother's Ethnicity		Father's Ethnicity	
Language Spoken by Mother		Language Spoken by Father	
Mother's Email Address		Father's Email Address	

### EMERGENCY CONTACTS:-

<b>Contact 1:</b> <u>First Name:</u> <u>Surname:</u> <u>Relationship to child:</u> <u>Tel No:</u>	<b>Contact 2</b> <u>First Name:</u> <u>Surname</u> <u>Relationship to child:</u> <u>Tel No:</u>
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On the basis that your child is accepted, who would bring your child to School?

Please list any brothers or sisters already at the school (This includes step and/or half brothers and sisters resident at the same address – but not cousins)	Name						Date of Birth	Class
	Position in Family (Please circle)	1	2	3	4	5	6	Other please specify.....

## LUNCH ARRANGEMENTS

Would your child have:	Packed Lunch	<input type="checkbox"/>	School Lunch	<input type="checkbox"/>							
Is your child eligible for Free School Meals?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
Is your child vegetarian?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
Are there any foods that your child cannot eat? (Please tick). All meat products served are <u>Non-Halal</u> .											
Beef	<input type="checkbox"/>	Eggs	<input type="checkbox"/>	Pork	<input type="checkbox"/>	Nuts	<input type="checkbox"/>	Fish	<input type="checkbox"/>	Dairy Produce	<input type="checkbox"/>

**MEDICAL**

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

\_\_\_\_\_

Full Postcode \_\_\_\_\_ Surgery Contact Number \_\_\_\_\_

<b>Does your child suffer from any of the following?</b>		<b>Has your child been in contact with the following</b>	
Diabetes	Yes/No	Social Worker	Yes/No
Epilepsy	Yes/No	Educational Welfare Worker	Yes/No
Asthma	Yes/No	Educational Psychologist	Yes/No
Sickle Cell	Yes/No	Speech therapist	Yes/No
Visual Impairment	Yes/No	If yes, please give details:	
Hearing Difficulties	Yes/No	_____	
Any Other?	_____	_____	

Please give details of any medication required: \_\_\_\_\_

\_\_\_\_\_

Is your child toilet trained?

Yes

No

If 'NO', is it a proven medical condition? Please give details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MODE OF TRAVEL**

Bus <input type="checkbox"/>	Walk <input type="checkbox"/>	Cycle <input type="checkbox"/>
Train <input type="checkbox"/>	Car <input type="checkbox"/>	Other <input type="checkbox"/>

Any other please specify:

## SECTION 8 ORDERS

Are there any Section 8 orders (under the Children's Act) issued in relation to your child

A Residence Order

A Contact Order

A Prohibited Steps Order

A Specific Issue Order

Please give details:

\_\_\_\_\_

A Residence Order

Define the arrangements to be made as to where, and with whom a child will live

A Contact Order

Names anyone who can have contact with the child

A Prohibited Steps Order

Forbids specific actions on the part of whoever exercises parental responsibility

A specific Issue Order

Settles any matter, possible of dispute, about the child

Are there significant medical, social or special educational needs which you would like taken into account?

All applications made under this criterion must be supported by a recommendation in writing from a recognised professional of senior status.

## REFUGEE STATUS IF APPLICABLE

Are you or your family refugees?

YES

NO

Are you or your family asylum seekers?

YES

NO

If you have answered no to both questions above please move onto the next section.

What date did you first enter the UK?

\_\_\_\_\_

From which country did you travel?

\_\_\_\_\_

## RELIGION/FAITH

Christian

Hindu

Jewish

Muslim

Sikh

Other

If other or none please specify:

Do you regularly worship at St Mary's Parish Church?

Yes

No

If not please state the Church attended

As a Church of England School we take Christian worship and other activities very seriously. Several year groups attend Mass at St Mary's Church once a week and the whole school also attend termly special services. There is also an assembly on Mondays for the junior years led by Fr Andrew Hammond, our Parish Priest; which is explicitly Christian in character and content. The Church of England approach here is to be confident in our faith and at the same time welcoming to all those of another faith or none.

Read and Agreed by Parent: \_\_\_\_\_

Date: \_\_\_\_\_

St Mary's is a Church of England Primary School  
The school was founded to provide education for the Parish of St Mary's Church

**The responsibility for the admission of pupils rests with the Governing Body.** The governors intend to admit pupils as follows, in the school year, which begins in September.

❖ **ADMISSIONS TO THE NURSERY**

Applicants to the nursery should note that an offer of a place in nursery does **not** mean that a place will automatically be offered for the reception class next year. A fresh application will have to be made for reception.

*In the event of the Nursery being oversubscribed, the Governors will apply the Admissions Criteria in order of priority.*

❖ **LATE APPLICATIONS**

Late applications will be considered if Reception classes have not reached their full capacity.

*In the event of the Reception being oversubscribed, the Governors will apply the Admissions Criteria in order of priority*

❖ **ADMISSIONS TO THE MAIN SCHOOL**

Children will be admitted at the beginning of the academic year following their fourth birthday.

**GOVERNOR'S MAINTENANCE FUND**

Please note that as a Church of England School there is an annual requirement of £30 per child, per year. This money goes towards regular maintenance and improvement of the school building. Please do not hesitate to discuss this further with the Headteacher should you wish to do so.

I agree to pay the annual requirement of £30 per child if my child is admitted.

Signed ..... (Mother)

..... (Father)

## DECLARATION

I hereby declare that to the best of my knowledge and belief the details I have given on this form are correct and I agree to notify the school in writing of any changes that arise. I understand that withholding information and/or giving false information could invalidate any subsequent offer of a place for my child. I give my permission for the Council/School to make any necessary checks to confirm information given that is relevant to the success of my application.

*I understand that there is no entitlement to time off during term time. Leave of absence is only granted in exceptional circumstances at the discretion of the Headteacher in accordance with the school policy as agreed by the Governors. I understand that if I ignore this rule and take my child(ren) on holiday or other recreational activities this will be recorded as unauthorised leave and I will be at risk of losing my child's school place. I will also be referred to the EWO (Educational Welfare Officer) who will issue a fine.*

Signed \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to child \_\_\_\_\_

### **BEFORE RETURNING THE FORM TO THE SCHOOL PLEASE TICK THAT YOU HAVE:**

Answered every question in full

Included a copy of your child's birth certificate

Included evidence of your child's address

Included evidence of special needs, where appropriate

Signed the declaration

***THIS POLICY IS SUBJECT TO ANNUAL REVIEW BY THE GOVERNING BODY OF ST. MARY'S***

FOR OFFICE USE ONLY		
UPN NO:	Birth Certificate Seen YES / NO	Date of Admission:
Admitted to Class:	Admission No:	Computer No:

# ST MARY'S C OF E PRIMARY SCHOOL



## CHURCH/PLACE OF WORSHIP REFERENCE

**This form is to be completed by the Church Minister/Religious Leader in the presence of the applicant.**

Name of Child: .....

Name of Parent/Address: .....

Name of Church or place of worship: .....

Name of Priest/Minister/Other: .....

Address: .....

Telephone Number: .....

Does the family belong to your congregation? Yes / No (please circle)

How long has the family been attending your Church or place of worship?

Less than a year .....

More than a year .....

(If less than 12 months) Has the family been regularly attending another Church/other prior to joining your congregation?

How often does the family attend?

Less than fortnightly ..... or fortnightly or more .....

(Please give details) Parent .....

Child .....

Signed ..... Date .....

Alternatively please return to:

School Administrator, St Mary's C.E. Primary School, Garnet Road, Willesden, NW10 9JA.