



St Andrew and St Francis CE PS
Belton Road, NW2 5PE
Supplementary Information Form

This form must be countersigned by your Clergy or Religious Leader and must be stamped with the church stamp and returned to the school.

Surname of child: _____ First name of child _____

Date of birth of child: _____ Sex of child: **M** or **F** (please circle)

Name of Mother: _____

Father: _____

Home Address: _____

Home Telephone Number: _____

Work Telephone Number: _____

Full name(s) of brother(s) and/or sister(s) who will be attending the school on the day of entry for the child you are applying for: _____

If you are applying under criteria 2 (medical or social need) please describe your reasons and evidence here. To help the Governors in their consideration, please attach letter(s) from your social worker, GP or other qualified person

Signed _____

Parent/Guardian

Date: _____

If after considering the SASF School admissions criteria you feel that you qualify under criteria 4 (Church attendance) please pass this to your clergy to complete.

Name of church or place of worship: _____

Does the child's family attend your church?

- At least fortnightly Less frequently

How long have they attended your Church?

- Less than a year More than a year

If less than one year, from which church or place of worship did they transfer and for how long did you attend that church?

Signed: _____ Date: _____

By (Please print name) _____

Vicar/Religious Leader/Minister of _____

Address _____

Contact Telephone Number: _____

Church stamp

Please note that in the event of an appeal by the parents the information on this form will be disclosed to them.

Date Received	SAM application	Criterion Rank	Overall Rank
---------------	-----------------	----------------	--------------