

ST NICHOLAS CHURCH OF ENGLAND PRIMARY SCHOOL

Manor Farm Avenue, Shepperton, Middlesex, TW17 9AD

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Email: info@stnicholas-shepperton.surrey.sch.uk

www.stnicholas-shepperton.org.uk

SUPPLEMENTARY FORM

(N.B. PLEASE COMPLETE ALL SECTIONS THAT ARE APPROPRIATE)

CHILD'S SURNAME FORENAME

OTHER NAMES CHOSEN NAME.....

Day Month Year

GENDER..... DATE OF BIRTH

CHILD'S HOME ADDRESS

POSTCODE HOME TELEPHONE NUMBER

Please give details of all persons with parental responsibility.	
NAME	NAME
ADDRESS	ADDRESS
TEL.NO:.....	TEL.NO:.....
MOBILE NO:.....	MOBILE NO:
DAYTIME ADDRESS (if different from above)	DAYTIME ADDRESS (if different from above)
.....
.....
DAYTIME TEL NO:.....	DAYTIME TEL NO:

Where applications for admission exceed the number of places available, the criteria listed in the Admission Policy will be applied in the order set out. Please circle the category/ies of application which you believe apply in your case (see Admissions Policy for details)

1 2 3 4 5 6 7 8 9

SIBLINGS Do you have a child/ren currently at St Nicholas School YES NO

or Do you have an application for a sibling pending YES NO

If Yes, please give name:.....Date of Birth.....

Year Group:.....

P T O.....

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LINKS TO ST NICHOLAS, SHEPPERTON AND OTHER CHRISTIAN CHURCHES

If appropriate, please ask the Rector to countersign this part of the form.

Are you on the Electoral Roll of St Nicholas Church, Shepperton: YES NO

I worship at St Nicholas Church

The Sunday service I normally attend is:

For how long have you worshipped at least monthly on Sundays at St Nicholas Church?

If you regularly attend Sunday worship at St Nicholas Church, as stated above, please would you ask the Rector to countersign this form below.*

I confirm that this family has worshipped regularly, being at least monthly for a year, at St. Nicholas Church, Shepperton.

SIGNED* DATE

Alternatively:

I have worshipped at least monthly for a year on Sundays at:
.....

I confirm that this family has worshipped regularly, being at least monthly for a year, at the church stated above:

SIGNED: DATE:.....
(Incumbent / Minister)

I confirm that the information given on this form is true

SIGNED(Parent/Guardian) DATE

NOTE :The governors reserve the right to withdraw the offer of a place if the information given in this application is found to be incorrect.

<u>OFFICE USE ONLY</u>			
Date of Admission	Admission Number		
Year	Reg Group	Birth Cert	Computer