

St Gabriel's Church of England Primary School



Churchill Gardens Road
Pimlico
London

Supplementary Information Form

Please ensure that you have completed a separate Coordinated Application Form from your borough.

Please indicate which admissions criterion your child fulfills:

Child in public care

Yes No

Children whose parents worship at St Gabriel's at least monthly and have done so for at least a year

Yes No

Children whose parents worship at least monthly in other Anglican Churches and have done so for at least a year

Yes No

Children whose parents worship at least monthly in other Christian Churches* (*as defined by the Churches Together in Britain and Ireland) and have done so for at least a year

Yes No

Children who are baptised Anglicans (baptismal form will be required)

Yes No

Children who are baptised by other Christian rites (baptismal form will be required)

Yes No

Children who have brothers or sisters, already in the school, at date of entry to Reception Class.

[Please write children's names:]

Children of other faiths who practise their faith at least monthly and whose parents support the aims and ethos of St Gabriel's and have done so for at least a year

Yes No

Children who do not meet any of the previous criteria

Yes No

CLERGY REFERENCE

Child's name

The Parents/guardians of the child named above have applied for a place at this school and have given your name as a referee. Would you kindly complete this form. Thank you for your help.

Is your church Anglican? Yes No

If no, is your church either a full or associate member of the Churches Together in Britain and Ireland (or the Evangelical Alliance?) Full member Associate member

Have the family worshipped at your church for at least a year? Yes No

How frequently do they attend church worship?

Signature of Parent /Guardian

Date:

Signature of Minister/Incumbent

Date:

Stamp:

Please write in **CAPITAL LETTERS** and use black ink

CHILD'S DETAILS

Surname

First Names(s)

Date of birth

Home Address
(and full post code)

Telephone

Email

PARENT'S DETAILS

Name of Father or
Guardian

Name of Mother
or Guardian

FAITH INFORMATION

Are you applying for a Christian or Other Faith place? Yes No

Name and denomination of church or other place of worship which family attends

Name of Church of England Parish in which you live

Name of Minister who can confirm your church attendance

Name of worship leader who can confirm your attendance

Signed:

Date: