



**St Matthew's Church of England Primary School
Ponders End, Enfield, EN3 4LA**

Supplementary Admission Form

This form is confidential to the Governors, who reserve the right to seek confirmation of claims made with respect to the admissions criteria.

The Supplementary Admission Form ONLY needs to be completed by applicants applying under Criteria 2 to 4.

Places are allocated strictly in accordance with this criteria; no guarantee of a place can be made until all applications are reviewed.

Please complete all the sections – PLEASE USE A BLACK PEN.

CHILD'S FULL NAME: _____

CHILD'S DATE OF BIRTH: _____

CHILD'S HOME ADDRESS: _____

SECTION 1

Application Criteria

Please refer to the enclosed Admissions Policy:

With reference to the Admission Policy under which criteria are you applying for admission for your child? (2a, 2b, 3a, 3b, 4a, 4b)

NB: If incomplete or false information is provided, this will lead to the application being considered only under the criteria for which information is available or the offer of a place being withdrawn.

SECTION 2

FAO Priest/Minister

The Governors of St Matthew's Church Of England Primary school are currently considering the applications for admissions to school.

The applicant concerned has indicated that they are members of the church for which you have responsibility. In order to assist the Governors in making their decision, we would be grateful if you could complete the information below giving some idea of the regularity of attendance the family has with your church.

We thank you for your attention to this matter.

Name, address and phone number of the church:

Your Name:	

Please tick which of the following your church is affiliated to:

World of Churches ()
Churches Together In Britain and Ireland ()
Free Churches Group ()
Evangelical Alliance ()
None Of The Above ()

If you have ticked one of the above boxes, can you please provide us with your Church's registration number: _____

How long have you known the applicant and family for? _____

Please tick as relevant

	Applicant	Parent
At least twice a month for a continuous period of at least twelve months		

Signed: _____ Position: _____ Date: _____

Parental Statement

I/we confirm the above information to be correct to the best of my/our knowledge and belief.

I note that if false information is provided this may lead to the offer of a place being withdrawn.

I understand that the school and/or the Local Authority may check any of the information provided.

Parent (s) Signature

Parent (s) Name and Address:

Relationship to Child:

Telephone Numbers:

Date: