

St Andrew's Southgate Primary School



Supplementary Admission Form

Please complete this form if you wish to apply under criterion 3 or 5 of our admissions criteria. The information given in this form will be reviewed by the School's Governors responsible for school admissions and will be retained on your child's file. Forms of unsuccessful applicants will be retained as per our School's document retention policy which is available from the School Office.

Use of your data: St Andrew's Southgate Primary School (CE) places a great importance on your privacy and we want you to have a clear understanding about the data we collect, store and process, and the rights you have to control that data. Our Privacy Notice is available from the School Office or on our admissions policy.

Child's Surname:		Child	Child's Christian Name:			Child's DOB:				
Year group required: Please circ			Receptio	n, Y1,	Y2,	Y3,	Y4,	Y5,	Y6	
Name and Addres	see of Par	ent or G	Luardian							
Full name:	Ses of Fair	ent or G	Juai Giaii							_
i uli riarrie.										
Address:										
ridarooo.										
Home Telephone										
number:										
Mobile Telephone										
number:										
Church Worship										
If you regularly attend a church, please state which one and give the name, address and										
telephone number of the Priest or Minister										
Name of Church:										
Name of Priest or Minister:										
Address:										
Telephone:										
Please read the Governors' admission criteria on the form St Andrew's Southgate Admissions Arrangements and circle the category under which you consider this application is made										
Arrangements and		•		-			olication	n is ma	ade	
	1	2	3	4	5	6				
Signed by parent/guardian:				Date app						
				sent:						
				Date rec						
				school:						
Please meet with your Priest/Minister to complete the reference form on the										
next page:										



St Andrew's Southgate Primary School (CE) Supplementary Admission Form



I confirm that:					
Name of Child:					
Attends Church at least 12 times within the 12 months prior to application.					
Signed:					
Name of					
Priest/Minister					
Date:					