



Malden Parochial C of E Primary School

Headteacher: Mrs C A Grigg

TO BE RETURNED TO MALDEN PAROCHIAL SCHOOL DIRECT

Supplementary Information Form for Admission to Reception Class 2012

Completion instructions: Parents should fill in this form if they are applying under the Church criteria. The completed form should be returned direct to the school. Failure to return this form will result in any application being considered under Group 1 (a), (b) or (f), or Group 2 or 3 as appropriate.

You should ensure that you have a copy of the Admission Policy prior to completing the form and returning it to the school by the **15th January 2012**. You must also complete the Common Application Form available from your Local Authority and name this school on the form. The Common Application Form should be returned direct to your Local Authority.

Surname of Child:

Forenames:

Address:

This must be where the child currently lives. The address of a relative, childminder, grandparent or any other person looking after your child during the day must not be used.

.....
.....
.....

Postcode

Home Telephone number:

Gender: Male Female please tick ✓

Date of Birth:

Full names of parents/
guardian:

.....



Enclosures:

Please enclose with your application originals of the following documentation

Child's birth certificate

Child Benefit Statement
(child's name must appear)

OR

AND

OR

Child's passport

Utility Bill (gas, electric, water or council tax) showing home address

Child's present Nursery class

Name of any brother or sister attending Malden Parochial School

tick If you wish to make an application under categories c to e of the Admission Policy please ensure the appropriate Church official completes this application form.

tick If your child has special medical and/or social needs which you believe will be helped by a place at this School and you wish to make application under category f of the Admission Policy, please enclose a confidential statement of the circumstances, supported in writing by an appropriate agency, such a specialist doctor, social worker etc.

Please list here all attachments to this application form:

If you should later wish to withdraw this application, (for example, through changing address) please notify the School as soon as possible.

Signature of parent or guardian

Date

FOR OFFICE USE ONLY

Application received

Reply & enc. sent

Year group

Sibling application rec'd/held

To Admissions Committee

