|  |  |
| --- | --- |
| **Headteacher: Mrs M. Adams MA**Littlegrove, East Barnet, Herts EN4 8SRt: 020 8449 5856 f: 020 8440 6517e: office@stmarysen4.barnetmail.net[**www.stmarysen4-barnet**](http://www.stmarysen4-barnet)**.co.uk** | **St Mary’s**Church of EnglandPrimary School |
| **SUPPLEMENTARY INFORMATION FORM (SIF)****FOR SCHOOL ADMISSION**  |
| Child's Surname | First Names  |

|  |
| --- |
| Child's address |
|  | Postcode |
| Date of Birth  | Sex |  Male 🞏 Female 🞏 *(tick as appropriate)* |

|  |
| --- |
| **Name(s) of parent(s) or adult(s) with parental responsibility as defined in the Children Act 1989** |
|  | **Parent 1** | **Parent 2** |
| Relationship to Child |  |  |
| Title, Name & Surname |  |  |
| Address (if different from above) |  |  |
| Home Telephone No |  |  |
| Mobile No |  |  |
| e-mail address |  |  |

|  |
| --- |
| Will your child have sibling(s) attending the school at the time of their entry? *See criteria 2* **YES** 🞏 **NO** 🞏*(tick as appropriate)* |
| If **YES** please give details |  |
| Name   | Date of Birth |
| Name   | Date of Birth |

|  |
| --- |
| Admission Criteria Under which of the criteria are you applying for a place? *(please indicate if more than one)*Criteria point No: …………………………. *If criteria 4, 5 or 6 please obtain a priest/minister's signature below.* |

**This section of the form must be completed by your Parish Priest or Church Minister**

**I certify that the parent(s) of this child have attended church services on at least two Sundays per month for the past 2 years, in accordance with the admissions policy.**

**Signed: ............................................................................................................... Date: .......................................................................**

**Name: ............................................................................................................... Position: ...................................................................**

**Church: .............................................................................................................. Tel No: ......................................................................**

|  |  |
| --- | --- |
| Date | Signature of parent(s) or adult(s) with parental responsibility |

**Checklist: Have you enclosed ?** 🞏 Proof of your child’s date of birth (passport/birth certificate)

* Proof of address (Council Tax & 2 utility bills)