|  |  |  |
| --- | --- | --- |
| **Headteachers:**  **Mrs M. Adams MA**  **Mrs M. Constantinou BEd**  Littlegrove, East Barnet, Herts EN4 8SR  t: 020 8449 5856 e: office@stmarysen4.barnetmail.net  [**www.stmarysen4-barnet**](http://www.stmarysen4-barnet)**.co.uk** | | **St Mary’s**  Church of England  Primary School |
| **ALL APPLICANTS TO COMPLETE**  **SUPPLEMENTARY INFORMATION FORM (SIF)**  **FOR SCHOOL ADMISSION** | |
| Child's Surname | First Names | |

|  |  |  |
| --- | --- | --- |
| Child's address | | |
|  | Postcode | |
| Date of Birth | Gender | 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 |

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| **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 if applying in criteria 4, 5 or 6**

**I certify that the parent(s) of this child have attended church services on at least two Sundays per month for the past two 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)
* Statement of faith from your Church