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

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

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| **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 |  |  |

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| 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: ......................................................................**

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| --- | --- |
| 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