

St Paul's Church of England Primary School The Avenue, Friern Barnet London N11 1NQ Tel: 020 8368 4839

Email: office@stpaulsn11.barnetmail.net Head teacher: Mrs Sarah Maltese

Supplementary Information Form

Please complete this form and return to the school. Please notify the school should any of your circumstances change.

SECTION A – CHILD'S INFORMATION					
CHILD'S SURNAME	FIRST NAME(S)				
DATE OF BIRTH	BOY / GIRL (please circle)				
HOME ADDRESS					
	(Please supply copy of council tax and two utility bills)				
NAME OF ANY SIBLINGS ATTENDING ST PAUL'S SCHOOL					
SECTION B - PARENT / CARER'S INFORMATION					
NAME OF PARENT(S) / CARER(S)					
CONTACT TELEPHONE NUMBER:	R:EMAIL ADDRESS				
I wish to apply for a place for my child at St Paul's C of E Primary School					
SIGNED	(PARENT / CARER) DATE				
SECTION C – INFORMATION ABOUT YOUR RELIGION					
NAME AND ADDRESS OF CHURCH					
	TELEPHONE NUMBER				
RELIGION HOW	LONG HAVE YOU ATTENDED THIS CHURCH?				
NAME OF PRIEST/MINISTER					
If you wish to be considered for a place (under criteria 2. 4 or	6), please ask your priest/minister to complete this part of the form.				
SECTION D – CHURCH REFERENCE					
The parents / carers of the child named above have applied for section and sign below. Thank you.	or a place at St Paul's C of E Primary School. Please complete the questions in this				
Is your church Anglican? (please circle) Yes / No	If you have answered no, please complete the following:				
Is your church a member of churches Together in Britain and Ireland? (please circle) Yes / No					
Is your church a member of the Evangelical Alliance? (please circle) Yes / No					
I certify that at least one parent of this child has engaged with the church throughout the Covid-19 period and attended the above named Church at least fortnightly before restrictions prevented this.					
Signed	Church Stamp or seal:				
Print Name					
Date					