

Date form received:

SAINT SAVIOUR'S C.E. SCHOOL Shirland Road, London, W9 2JD Telephone 020 7084 6772

admin@stsavioursprimary.co.uk

Year 1 to Year 6 2023-2024 Supplementary Information Form (SIF)

Please circle the Year group that you are applying for:

Child's first name		Child's surname	
Date of	birth (day, month, year)	Gender	
	(), , , , ,		
	Address (including full po	ost code and London borough)	
Parent/Ca	rer's full name and title	Parent/Carer's relationship to child	
Email address		Telephone number	
	Current Schoo	l name and address	
Is your child	cared for by a local author	ority or is he/she a previously Looked After	
Yes / No	I cared for by a local authority If yes, which Local Authority	ority or is he/she a previously Looked After Child?	
Yes / No Parent/Carer's	I cared for by a local authority If yes, which Local Authority s signature	ority or is he/she a previously Looked After	
Yes / No Parent/Carer's	I cared for by a local authority If yes, which Local Authority	ority or is he/she a previously Looked After Child?	
Yes / No Parent/Carer's confirm that the	I cared for by a local authority If yes, which Local Authority s signature above information is correct ving under Criterion 2, 3,	ority or is he/she a previously Looked After Child?	
Yes / No Parent/Carer's confirm that the Parents apply	I cared for by a local authority If yes, which Local Authority s signature above information is correct ving under Criterion 2, 3, section of the	Date 7. Sor 6 should also complete the Faith Lea	
Yes / No Parent/Carer's confirm that the Parents apply This form ase complete the constant is a second in the constant in t	I cared for by a local authority If yes, which Local Authority s signature above information is correct ving under Criterion 2, 3, section of the section of the section of the section below before submitting years.	Date Date A, 5 or 6 should also complete the Faith Leath form on page 2. must be returned to school as soon as possible. Dougle our form	
Yes / No Parent/Carer's confirm that the Parents apply This form	I cared for by a local authority If yes, which Local Authority s signature above information is correct ving under Criterion 2, 3, section of the section of the section of the section before submitting years to sompleted if relevant	Date Date A, 5 or 6 should also complete the Faith Leath form on page 2. must be returned to school as soon as possible.	

Checklist complete and documents received:

Faith Leader Section

This part of the form only needs to be completed if you are applying under criteria 2, 3, 4, 5 or 6 of the Admissions Policy

To be completed by the Faith Leader only

member of your church/faith community:	Yes / No	
Is the child baptised?	Yes / No	
		,
Are the child's parents/carers known to yo	Yes / No	
Your name Email address		
Name, address and telephor	ne number of faith co	mmunity
, ·		√
Denomination		
Is the faith community a member Churche	Yes / No	
Britain and Ireland?		
Is the faith community a member of the E	Yes / No	
		77 / 27
Has the child named on this form attended	Yes / No	
parents/carers for at least 40 weeks in the		X7 / X7
If required, are you able to provide evidence	Yes / No	
attendance? If you are able to comment further, please	do ao bolony	
if you are able to comment further, please	do so below.	
Faith leader's signature		Date
I confirm that the above information is correct		
Faith Community Stamp		