

SUPPLEMENTARY FORM 2010/11

Please complete this form in capital letters and return it to St Mary Magdalene Academy - Primary Department. Thank you.

Child's Details

Child's Surname:

Christian Name(s):

Date of Birth:

Gender: (please circle) M / F

Address:

.....
.....

Daytime Telephone No:

Evening Time Telephone No:

Mobile No:

Full Name of Parents/Carers:

.....

Do you attend one of the following Churches:

St Mary Magdalene Church, N7 St David's Church, N7 St Luke's Church, N7

(Please tick)

If you regularly attend another Christian Church or Chapel please name it:

.....

If you have attended your Church for less than a year, please give the name of your previous Church, and the contact address of the Minister.

.....

Have you any other children attending this Academy?

.....

Any other information that you feel we should know:

.....

I acknowledge that I have received and understand the Admission Policy. I understand that the completion of this form is not an offer of a place. Yes / No

PLEASE NOTE : This is not a Reception Admission Request Form. If you are applying for admission to Reception Class September 2010, you will also need to complete an Islington Primary Admission Form available from:

The School Admission Section
Cambridge Education @Islington, Laycock Street, London N1 1TH.
Telephone: 020 7527 5516

These forms need to be returned to Cambridge Education @Islington by Friday XX January 2010.

Signature of Parent/Carers:

Date:

All information held at the Academy in respect of its students, complies with Data Protection legislation. (Reg. No. PZ9938306)

For Office Use Only				
Date application received	Date of Admission	Class	Birth Certificate	Dinner