



ADMISSIONS SUPPLEMENTARY INFORMATION FORM 2026/27

IN YEAR APPLICATION

Please write in CAPITAL LETTERS and use black ink.

Date of application	
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1. About your child

Child's surname / last name			
Child's first name(s)			
Boy/girl		Date of birth	
Child's home address			
Postcode:			
Email:			
Religion			
Name of the school your child is currently attending			

2. About you

Mother's name			
Father's name			
Home telephone		Day time telephone	

3. About your application

So that the Governors can consider your application in relation to the published admissions criteria, please complete the following information.

Is your child in public care? (YES or NO)

If YES, you must provide a letter from the social worker confirming this.

Do you worship as a family at St Peter's Church, Elgin Avenue? (YES or NO)

If YES, please ask the Priest-in-Charge to complete the attached form and return it to the school.

Do you worship as a family at another Christian church? (YES or NO)

If YES, please ask your minister to complete the attached form and return it to the school.

Do you have another child currently attending St Peter's School? (YES or NO)

If YES please give the details below. Other children are brothers, sisters, half brothers, half sisters, step brothers or step sisters living at the address given in Section 1 above.

Name of other child	Date of birth	Year group

4. VACCINATIONS

Has your child had their pre-school vaccinations?

Yes

No

Please complete

1st dose (1 year old)

2nd dose (3 years old)

5. PARENT'S AGREEMENT

- I have read and understand the admissions criteria as set out in the school prospectus.
- I understand that I will be required to provide proof of my child's date of birth and home address should my child be offered a place.
- I understand that if it is discovered that a place has been offered on the basis of incorrect or misleading information, the Governors have the right to withdraw that place, even after the child has started school.

Signed		Date	
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