St Peter's CE Primary School
Chippenham Mews London W9 2AN
Headteacher: Ms Sam Adcock (MA)
Deputy: Ms Joanna Jordan

Telephone: 020 7186 0082
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Website: www.stpeterscm.co.uk

CHURCH REFERENCE FORM FOR IN-YEAR ADMISSIONS 2027-28

If you want your child to be considered for a Foundation place at the school, you must fill in the details below and ask the minister of your church to complete the other side of this form. The form must be returned to the School. You must also complete a Bi-Borough In-Year Common Application Form (CAF) naming St Peter's School as one of your preferences. Without the CAF we will not be able to offer you a place.

The Admissions Officer will send you a receipt as proof that this form has been received by the school. If you do not receive your receipt within two weeks please contact the school office.

Please write in CAPITAL LETTERS and use black ink.

1. About your child

Child's surname / last name			
Child's first name(s)			
Boy/girl		Date of birth	
Child's home address		Postcode:	
Name of church attended			

2. About you

Name of parent / guardian			
Home telephone		Day time telephone	

3. Parent / guardian agreement

I have read and understand the admissions criteria as set out in the school's admissions procedure.

Signed		Date	

Church Reference

For the attention of the minister.

The parent(s) / guardian(s) of the child named on front of this form have applied for a place at St Peter's school. They wish to be considered for a Foundation place and have given your church as their regular place of worship. Could you please complete this form and either hand it back to the parent(s) / guardian(s) or, if you prefer, return it directly to the school at the address shown above.

Attached is a copy of our admission criteria for your information. Please note that in the event that during the period specified for attendance at worship the church has been closed for public worship and has not provided alternative premises for that worship, the requirements of these admissions arrangements in relation to attendance will only apply to the period when the church or alternative premises have been available for public worship.

Thank you for your help.

Name of the child		
Is your church a member of the Churches Together in England or the Evangelical Alliance? *Please tick the appropriate box.*	YES ☐	NO ☐
Has the family worshipped at your church for at least the past year? *Please tick the appropriate box.*	YES ☐	NO ☐
Does the family attend church worship at least once a month? *Please tick the appropriate box.*	YES ☐	NO ☐

Church stamp, and name and address of church	
Name of minister	
Telephone number	
Signature	
Date	