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| **Application for a school place – information form**      St Alban’s C.E Primary School  Baldwin’s Gardens  Holborn  London  EC1N 7SD  Telephone: 020 72428585  e-mail: admin@stalbans.camden.sch.uk | | | |
| **Child’s first name:** | **Child’s surname:** | | **Child’s date of birth:** |
| **Child’s home address:**  **Full postcode:** | | | |
| **Parent/Carer(s) with whom the child lives:** | | | |
| Name:  Relationship to child:  Mobile:  Landline:  Email: | | Name:  Relationship to child:  Mobile:  Landline:  Email: | |
| **Details of any siblings who will be on the roll at St Alban’s at the time of attendance:**    Name: Date of Birth: Relationship: Brother/Sister (circle)      Name: Date of Birth: Relationship: Brother/Sister (circle) | | | |
| **Previous school details:**  Name of school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address of school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason for leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Is your child registered as Free School Meals (FSM)?** | | | |
| **Additional information you feel the school needs to know about your child:** | | | |
| **If you are applying to the school under criteria 3 or 6 please provide written evidence in the form of a letter from the priest of the church or equivalent.** | | | |
| **I confirm that the details above are accurate. If there are any changes to any of the information I have provided, I will inform the school office immediately and understand I may be asked to complete a new form.**  **I understand that this information form is void if false information is given.**  **Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date form completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |