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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |