



Christ Church School, Hampstead

Supplementary Information Form for Applications from September 2016 onwards

Child's first name(s):	Child's surname:
Date of birth (dd/mm/yyyy):	Male / Female
Date you hope your child will enter Christ Church School:	
Parent(s) / Carer(s) name(s):	
Address	
Post Code	
Contact telephone number(s):	
Contact email(s):	

Number on the admissions criteria under which you would like this application to be considered: _____

The application will automatically be considered under the highest criteria for which it qualifies.

If applying under admissions criteria 2:

Name of sibling already attending Christ Church School: _____

Year: _____

If applying under admissions criteria 2 or 4:

When did you begin to worship at Christ Church? Month _____ Year _____

How often do you worship at Christ Church? _____ Sundays per month

The Governors Admissions Committee will consult the Church attendance register to verify Church attendance.

If applying under admissions criteria 6 or 7

Name of Church (other than Christ Church): _____

Address of Church: _____

Christian Denomination: _____

Is there a Church School? yes / no

ALL APPLICANTS

Parent/carer's signature: _____ Date: _____