



# Stepney Greencoat

## Church of England Primary School

Norbiton Road, Tower Hamlets, London E14 7TF  
Tel: 0207 987 3202 Fax: 0207 537 1407  
www.stepneygreencoat.towerhamlets.sch.uk  
Mrs Vivian Onwubalili **Headteacher**  
Ms Olga Browne **Deputy Head**

### Supplementary Information Form

Child's Name: _____	Nursery or previous School: _____
Date of Birth: _____ Male/Female	_____
Language/s Spoken: _____	Ethnicity: _____
Sibling(s) at this school: _____	Year Group(s) _____
Special Education Needs: Yes/No	Free School meals: Yes/No
Mother's/Carer's Name & Address: _____ _____	Father's/Carer's Name & Address: _____ _____
Home Telephone No: _____	Home Telephone No: _____
Mobile No: _____	Mobile No: _____
Does the child live at this Address: Yes/No	Does the child live at this Address: Yes/No
Signed: _____	Date: _____
Reasons for choosing this school:	

**Please return the completed Supplementary form with the following documents:**

- **Child's full Birth Certificate (original, not a copy, with parent details)**
- **Current year Council Tax Statement**
- **Proof of address within the last 3 months (utility bill, bank statement etc)**

Applications for admission to the following year's Reception class in September will be considered in the previous February. Parents will be notified in April.

Applications will be considered in the light of the School's Admissions Policy, which has been agreed by the Governors of the school and is as follows:

1. Children in Public Care, Looked-after-children and children with a Statement of Educational Needs
2. Children from practising Christian Families who have supporting evidence from their Church's minister
3. Children who have a brother or sister already at the school, who will still be enrolled at the time of admission.
4. Children who live near the school (measured by Tower Hamlets Pupil Services).



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I have read the Admissions Policy and understand the four criteria that will be used. I have completed this form honestly.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If you are applying to the school under the **second** criterion, please fill in the details below:

- the name and address of the place where you and your family worship regularly;
- the **full name, address, telephone number and email address** of the minister at your place of worship;
- or you may supply a letter from your minister to support your application.

Your name/s: \_\_\_\_\_

Your child's name: \_\_\_\_\_

Church's Name and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Minister's Name and Contact Number: \_\_\_\_\_

\_\_\_\_\_

Minister's email address: \_\_\_\_\_

Signed: \_\_\_\_\_

Parent/Carer

Date: \_\_\_\_\_