

CHRIST'S SCHOOL



Christian Foundation Supplementary Information Form

Please read the Admissions Policy carefully before completing this form
You only need to complete this form if you are applying for a Christian Foundation Place

If you are applying for a Year 7 place for September you must also complete a Common Application Form, which is available from your local education department.

Closing date for all applications is 31st October 2018

| | Year of entry a | t the age | of |
|---|----------------------------------|-----------|--------------|
| Surname of Child (block letters) | | | |
| First Names of Child (in full) | | | |
| Date of Birth | | N | Male/ Female |
| Name of Parent(s)/ Guardian(s) | | | |
| Full Home Address including postcode | | | |
| | Home Local Authority: | | |
| Home Telephone No | | N | Mobile No: |
| Email address | | 1 | |
| Parent/ Guardian emergency contact telephone number | Name and relationship of contact | | |

| Name and address of current school | |
|--|--|
| | |
| Name and Year Group of sibling(s) currently at Christ's (if applicable) | |
| | |
| Please provide any specific reasons for choosing Christ's School | |
| Please ask your Minister to com this Christian Foundation Supp | plete and sign the Ministerial Reference Form and return it with lementary Information Form. |
| Name and Address of the Church which you attend | |
| Church of England Parish in which your Church is situated | |
| Minister's Name, Address and Telephone No. (If you, or your Minister have recently moved, please give the name & address of the previous Minister) | |
| ☐ Ministerial Reference Form e | enclosed (please tick box). |
| Signed: | Date: |
| Completed form, together with Minister | erial Reference Form should be returned to: |
| Karen Hindle Admissions Officer Christ's School Queens Road | |

Please note: The closing date for all applications and reference forms is 31st October 2018

Richmond upon Thames

TW10 6HW