



ST. LUKE'S C.E. PRIMARY SCHOOL

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2021.22 ADMISSIONS - SUPPLEMENTARY FORM ADMISSIONS TO THE RECEPTION CLASS AND YEARS 1 TO 6 FOR THE PERIOD FROM SEPTEMBER, 2021 TO AUGUST, 2022

Application Forms

To apply for a Reception place at our school for September 2021, you first need to complete the On Line application form with the borough using their E-Admissions Portal. You can access the form and guidance here:

https://www.towerhamlets.gov.uk/lgnl/education_and_learning/schools/school_admissions/primary_school_admissions.aspx

Supplementary Form

In addition to the On Line application form, all applicants applying for a Foundation place are asked to complete the Supplementary Form (*see following pages 2 to 5*) in order to ensure that the school has the information to apply the Oversubscription Criteria detailed in the Admissions Policy.

If you do not complete and return both the On Line application form and the Supplementary Form, where appropriate, by the closing date, this may affect the priority accorded to your application by the Governing Body.

Supplementary forms should be returned to the School office by 15 January 2021.

You should ensure that you have read and understood the school's Admissions Policy before completing the Supplementary form.

Please complete this form in block capitals using a black pen.

APPLICANT DETAILS

INFORMATION ABOUT THE CHILD			
Surname:			
Forenames:			
Gender: <i>(Please tick):</i>	Male:		Female:
Date of birth:			
Residential address: i. e. the place where the child lives for at least 50% of the school week			
Postcode:			

INFORMATION ABOUT THE PARENT	
Relationship to child: <i>e.g. Mother, Father etc</i>	
Surname:	
Forename(s):	
Title: <i>e.g. Mr, Mrs, Ms, Miss</i>	
Daytime telephone number:	
Address: <i>(if different from that shown above)</i>	
Please indicate if you are a member of staff: <i>if so – what role you have. Please state when you took up your post.</i>	

CATEGORY OF APPLICATION

There are three categories of places for which applicants can apply (*see Admissions Policy*).

Please indicate the place for which you wish to apply by placing a tick against one of the following categories of places available:

NO.	CATEGORY	<i>Please tick one box only</i>
1	Place for a Looked-after child or child who was previously looked after, but ceased to be so because, immediately after being looked after, they became subject to an adoption, child arrangements or special guardianship order. <i>If you are applying for a place in this category please see below.</i>	
2	Foundation Place for a child whose parents/carers are practising members of a Christian Church who either live or worship within the Anglican Deanery of Tower Hamlets. <i>If you are applying for a place in this category, please go to page 4</i>	
3	Open Place for a child not included in categories 1, and 2 above. <i>You do not need to provide any further information</i>	
4	Member of staff.	

Please note:

Category 1:

If you are applying for a place on behalf of a Looked After child, you should contact the School Office immediately. The Head Teacher will then contact the Local Authority to confirm the child's circumstances.

Category 2:

If you are applying for a Foundation Place you will need to give details of a Priest, Minister or Church Leader who can provide written confirmation of your family's current religious practice.

To be completed by the parents/carers

Child's date of Baptism, if applicable:	
Parents' Religion	
Church family attends	
Church's denomination: <i>(e.g. Anglican, Catholic, Methodist, Pentecostalist etc)</i>	
Name of Parish Priest/Minister/ Religious Leader	

To be completed by the priest giving the reference:

The parents are known to me:	Yes	No
The child is known to me:	Yes	No
The child is a member of a practising Christian family:	Yes	No
The child attends our place of worship once a month:	Yes	No
The family have been attending our place of worship for: <i>(time period)</i>		
I support this application:	Yes	No

If you think there are exceptional circumstances to support your application, please give details below:

Declaration

I confirm that the above statements about this child and his or her family's practice are true, to the best of my knowledge and belief.

Priest's/Minister's/Religious Leaders name:			
Signature:		Date:	

Parish Priest/Minister's Countersignature (only where the Parish Priest/Minister is not giving the reference):

I confirm that the child is **resident** in my parish.

Priest's name:			
Signature:		Date:	

This form must be completed and returned to the School Office with your application form.

Signed by parent:..... Date.....

PLEASE NOTE:

- (i) The completion of this Application is not a guarantee that a place is available for your child.
- (ii) Please refer to Admission Criteria's attached with this form.

FOR OFFICE USE ONLY	
Proof of Address Provided	<input type="checkbox"/> Date.....Initials.....
Date Application Received	