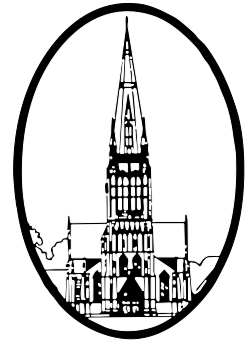


**St. Mary's C. of E. Primary School**  
Barn Street, Stoke Newington,  
LONDON N16 0JT  
Phone: 020 8800 2645 Fax: 020 8802 1687  
E-mail: [admin-office@st-marys.hackney.sch.uk](mailto:admin-office@st-marys.hackney.sch.uk)



Headteacher: Jane O'Brien

*Through God's love, we strive  
to be the best we can be.*

**Christian Worship Supplementary form  
In support of an application for admission to the school**

Note to Parent / Carer:

If you are requesting a place for your child because you regularly attend a Christian place of worship (under criteria 3 or 4 in the admissions policy) please complete details and sign part 1 below and then hand it to your Parish Priest/Minister to complete and sign Part 2.

*PART 1 (To be completed by all parents or carers)*

Surname of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Christian/forename(s) of child: \_\_\_\_\_

Parents' names: \_\_\_\_\_

Home address:  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Contact telephone numbers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Mother/Father/Carer)

**Note to Priest/ Minister:**

Our admissions criterion gives preference to children of families who regularly attend a place of Christian worship. To help the Governing Body allocate places we would be grateful if you would complete Part 2 of this form.

Part 2 (To be completed only by Minister/Priest)

**PARENT/CARER**

- every week
- fortnightly
- monthly
- quarterly

**CHILD**

- every week
- fortnightly
- monthly
- quarterly

I confirm that this family are members of our faith community

The family is not known to me

Place of worship \_\_\_\_\_

Address: \_\_\_\_\_

Tel.: \_\_\_\_\_

Name of Priest / Minister \_\_\_\_\_

Signed by priest / minister: \_\_\_\_\_

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

The form **must** be returned to the school as in the school's admissions procedures.

**Please stamp below with official stamp.**