

**St Andrew the Apostle**

# Greek Orthodox School

**SUPPLEMENTARY INFORMATION FORM**

**Part 1: To be completed by Parent/Carer**

Please use **BLOCK CAPITALS** and return completed form to our office by 31st October 2020.

Before completing the form parents are advised to read the school’s Admissions Policy on our website.

|  |  |  |
| --- | --- | --- |
| Child’s details | | |
| First names | Surname | Date of birth |

|  |  |  |
| --- | --- | --- |
| **Parents’ / Carers’ details- please use back page if more space required** | | |
| Name & Address | Home  tel. no. |  |
| Mobile  no. |  |
| e-mail |  |

|  |  |  |
| --- | --- | --- |
| Family connection with school - give details of any brother(s) or sister(s) currently attending St Andrew’s  Greek Orthodox School and the current year group: | | |
| Place of worship attended by  family |  | |
| Name & address of Priest/Minister |  | |
| Signature of parent/carer | | Date of application |

Please make sure that you complete Part 1 and Part 2.

**Part 2: To be completed by your Priest/Minister**

## Note to Priest / Minister

The Governors would be most grateful for your help as we are seeking information about the church attendance of this family.

Would you please confirm their regular attendance\* at your church by answering the questions set out below.

**\*In the event that during the period specified for attendance at worship the church has been closed for public worship and has not provided alternative premises for that worship, the requirements of these admissions arrangements in relation to attendance will only apply to the period when the church or alternative premises have been available for public worship.**

It is the parents’ responsibility to return the completed form to **St Andrew the Apostle Greek Orthodox School, Building 5, North London Business Park, N11 1BF.** However, you may wish to return the form yourself on behalf of the parents if they are in agreement.

|  |  |  |
| --- | --- | --- |
| Child’s First names: | Child’s Surname: | Child’s Date of Birth: |
| Name of Priest/Minister: | | |
| Place of worship: | | |
| Address: | | |
| Telephone number: | | |

**To be completed by Priest/Minister**

|  |  |  |
| --- | --- | --- |
| Please certify that the child has a certificate of baptism\* or dedication. | |  |
| Please confirm that the parents/carers attend church regularly\*\* and have done so  for at least two years. | |  |
| If they regularly attended another recognised church in the last two years then please  ask them to download and complete a second page 2 of the form and get it completed by the predecessor priest/minister. | |  |
| If not Greek Orthodox, is your church recognised by *Churches Together England & Wales?* | |  |
| Signature |  | |
| Office held |  | |
| Date |  | |
| Church stamp here  (if available) |  | |

\* Baptism certificate is essential before we apply regular attendance criteria.

\*\* (Regularly means at least monthly attendance)