



St Michael's Church of England Primary School

88 Camden Street, Camden Town, London NW1 0JA

Telephone: 02074858965

admin@stmichaels.camden.sch.uk

Please read all sections of this form and the accompanying letter very carefully before you complete this form. Please complete all relevant sections in full. (SIMPLE VERSION)

SIF (APPLICATION FORM) FOR ADMISSION TO ST MICHAEL'S SCHOOL RECEPTION TO YEAR 6 2019-20

OFFICE USE ONLY

DATE FORM RECEIVED:

DISTANCE FROM SCHOOL:

Family Details

Child's first name	Family name
Date of birth	Boy / Girl
Address (including full post code and London borough)	
Post Code:	
Does this child currently have a brother or sister attending St Michael's school? YES / NO	
Name(s)	Class
Parent / carer's* full name	*Carer's relationship to child

Home contact number / mobile	Contact number
Parent / carer's signature	Date
I confirm that the above information is correct.	
Signed	

PRIEST / MINISTER'S SECTION

Place of Worship

Name, address and denomination of Christian Church (see Note b)	Religion

Priest / Minister's Section **TO BE COMPLETED BY A PRIEST OR MINISTER ONLY**

Please note that this section of the form must be completed by a priest / minister who is able to do so from personal knowledge of the applicant and family concerned.

Priest / Minister's name and address	
Telephone number	
1. Please tell us how long you have known the applicant and his / her family.	
2. Have these parents/guardians worshipped at this church at least twice a month throughout the year preceding the date of application?	
Signed	Date