

St Andrew's CE Primary School Supplementary Information Form

ADMISSION TO RECEPTION CLASS September 2025/2026 Please complete and return to the School Office as soon as possible

DATE	OF APPLICATION	
SECTION 1: YOUR CHILD'S DETAILS		
	CHILD'S NAME	
	DATE OF BIRTH	
	CHILD'S ADDRESS	
SECTION 2: PARENT/CARER'S DETAILS		
	NAME	
	ADDRESS	
	TEL NO (home) (mobile)
	Email	
See A	If your child was born between 1 April and 31 A to be considered for deferral please tick the box possible.	ugust and you would like your application
Applications under Category 2 (Child of member of Teaching Staff (QTS))		
•	Do you have parental responsibility for the child	named above? YES/NO
Applications under Category 5 (Attendance at St Andrew's Church, Much Hadham or St Thomas', Perry Green).		
•	Have you attended worship at one of the named twelve months prior to the date of your application	
	A letter from Rector verifying your level of attendance mu	st be attached to this form.
I confirm that the details above are correct to the best of my knowledge.		
Signat	ture of parent/carer:	
OFF	ICE USE ONLY:	Date Received: