

SUPPLEMENTARY FORM (SIF)



**ST. MARTIN-IN-THE-FIELDS
HIGH SCHOOL FOR GIRLS**
Church of England Academy
Headteacher: Beverley Stanislaus B.Ed NPQH
155 Tulse Hill, SW2 3UP
020 8674 5594

CHILD'S LEGAL SURNAME

(as on birth certificate/passport)

CHILD'S LEGAL FORENAME

(as on birth certificate/passport)

DATE OF BIRTH

ADDRESS

POSTCODE

HOME TEL. NO.

(This must be the address where the child normally lives. If this is different from the parent/carer address, please give reasons for this. If parents share custody, this must be stated and both addresses shown. Proof of the child's address, such as a **copy** of the child benefit statement, council tax bill or utility bill, must be attached to this form. Please do not bring originals as we are not able to copy them for you.)

EMAIL ADDRESS (this is essential):

PARENT/GUARDIAN WITH WHOM THE CHILD LIVES:

TITLE	FULL NAME	DAYTIME TELEPHONE NUMBER

If you have recently entered the country, please give the date of entry:

Parents:

Child:

Please state which country you have come from and list any others where you have lived in the past two years.

SCHOOL CURRENTLY/MOST RECENTLY ATTENDED

ADDRESS

POSTCODE

TELEPHONE NO.

LOCAL AUTHORITY

WHICH YEAR WAS YOUR DAUGHTER IN?

DATE LAST ATTENDED SCHOOL:

If you are applying for a place in Year 10 or Year 11, please state which subjects your daughter is studying at GCSE:

Please give reasons for seeking a transfer:

PLEASE TURN OVER

Does your daughter have any known special, medical or social needs? YES NO

If so, please give details and attach a supporting letter from an educational psychologist, doctor or social worker.

DETAILS OF CHURCH MEMBERSHIP (for Foundation Place)
Name of Church where your family regularly worships:
Address of this Church:
Denomination (Church of England, Methodist, etc.):
How often (approximately) does your family attend the Church? <i>You need to attend at least once a fortnight for a valid application for a Foundation Place.</i>
What church activities do you (and/or your daughter) support?
Name of your Minister of Religion:
Address of your Minister of Religion:
THE WHITE CLERGY FORM SHOULD BE GIVEN IMMEDIATELY TO YOUR MINISTER OF RELIGION AND RETURNED DIRECTLY TO ST. MARTIN'S

Please read carefully the Admission Criteria and then write fully here explaining under which criteria you are applying (this could be more than one). Please attach a supporting letter where this is required. This section should be signed and dated below.

NAME _____

SIGNED _____ **DATE** _____