

North Road, Highgate London N6 4BG Tel: 020 8340 7441

Email: admin@stmichaelsn6.com Headteacher: Geraldine Gallagher

Application for Entry to St Michael's School Supplementary Information Form 2023-24

St. Michael's CE Primary School, North Road, N6 4BG - DfE no. 3093302

- Reception applications: A Supplementary Information Form must be completed if you are applying for church or religious places and returned to the school office by the closing date published of the 15th January 2023.
- If the number of applications received exceeds the number of places available, the oversubscription criteria will be used to determine the children who can be admitted. Applicants are admitted in order of the number of points accumulated on their application form. The admissions criteria only applies in the case of oversubscription.
- The information requested on this form will be used for the sole purpose of applying our admissions and oversubscription criteria.
- If your child is offered a place at St Michael's the information will be held on the school's database in compliance with GDPR regulations, please refer to our Privacy Notice on our website www.stmichaelsn6.com for further information.
- If your child is not offered a placed at St Michael's, this information will be held on file for 2 years. Please refer to our Privacy Notice on our website www.stmichaelsn6.com for further information.

Assistant Head: FS & KS1 Mrs Frances Sorapure

Assistant Head: KS2 Mrs Merle Parker

lease complete this form in BLOCK CAPITALS .	
Date of application	
Forename (first name)	
Middle name	
Surname	
Preferred first name (known by)	
Date of birth	
Gender (circle)	MALE / FEMALE
Home address	

Parent/Guardian details

Who does the pupil live with?	
Parent/Guardian	Parent/Guardian 1
Title	
First name	
Surname	
Address	
Home telephone no.	
Mobile no.	
Email address	
Relationship to child	

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If the applicant is a regular (at least fortnightly) worshiper of a world faith community, ask your Religious Leader to complete and sign Religious Leader's Reference section below.

Place of worship	
Address	
Telephone	
State how long you have been attending at above place of worship	

Once you have completed the above sections, please pass to your religious leader to sign below.

THIS SECTION TO BE COMPLETED BY THE APPLICANT'S RELIGIOUS LEADER

Please tick one box next to the paragraph which applies to the applicant named on this form.

1.	The applicant and/or their parent(s) or legal
	guardian are regular (at least fortnightly)
	worshippers at the place of worship named on this
	form and have been so for at least 1 year.

YES / NO

DECLARATION (signed by Religious Leader)

The details supplied on this form are correct to the best of my knowledge.
Signed
Print name
Date

School Connections:

Please state whether the applicant has a sibling/ step-sibling at the school who is	
living at the same address and who will still be on the school roll at the date when it	t is
proposed that the applicant be admitted.	

Sibling/ Step-sibling Full Name	
Currently in Year and Class Name	
Nursery: Please state whether the applicant current (please circle) YES / NO	tly attends St Michael's School Nursery.
Children of Full Time Staff:	
	(parent) have been employed as gate since
child.	e school on the proposed date of entry for my Full Name:
	mentary information form to the school officer on admin@stmichaelsn6.com by
The details supplied on this form are correct	to the hest of my knowledge
The details supplied on this form are correct	to the best of my knowledge.
Signed	
Print name	
Relationship to the child	
Date	