SUPPLEMENTARY INFORMATION FORM (SIF)

For admission to St Paul's and All Hallows' Infant and Junior Schools.

Note: It is the parent(s)/carer(s) responsibility to return the SIF to the school by the closing date in January 2018.

Full Name of Child:	Date of Birth:
Address	
:	Postcode
Telephone No	
Full Name of Parent/Carer	
Names of brothers/sisters who	attend St Paul's and will still be attending when the
younger child is due to start	
Signed	Parent/Carer Date
	/ Religious Leader to complete the next section.
	ly and relationship:
	ild's name) regularly attend (at least twice a month for a cation was completed)
Name and address of place of w	orship:
	Tel: No:
Name of Priest/Minister/Religio	ous Leader
Signature:	Religious faith
Official church stamp.	9
Places will be allocate	ed according to the school's Admission Policy.