

**SUPPLEMENTARY INFORMATION FORM (SIF) FOR ADMISSION TO
BISHOP JOHN ROBINSON SCHOOL, HOVETON ROAD, THAMESMEAD,
LONDON SE28 8LW - TELEPHONE: 0208 310 9160**

Completion instructions: Parents should fill in this form to apply for a place at Bishop John Robinson CE Primary School. Question 4 must be completed **and signed** by your vicar or minister. The form must then be returned, by the parent, to the school. Failure to return the supplementary Information Form (SIF) will result in the application being considered under the open places.

You should ensure that you have a copy of the admission policy prior to completing the form. **If you wish to apply for a Place at Bishop John Robinson CE Primary School you must also complete the On-Line Common Application Form available from your home Local Authority. Both forms must be completed to be a valid application under the church criteria.**

1. Name of school to which you are applying

BISHOP JOHN ROBINSON CE PRIMARY SCHOOL

2. Pupil information

Surname of child:

Other Name(s):

Date of Birth:

Year Group:

Gender:

Male/Female

3. Parent/Carer information

Name of parent(s):

Name of carer(s):

Relationship to child:

Home address:

Home telephone:

Daytime telephone (if different)

Signed:

Parent/Carer

Dated:

4. Foundation Church Commitment

This application is being submitted under criteria <i>Please refer to the Admissions Policy (Sept 18/19) and circle as appropriate</i>	2	3
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Full name and address of church attended

Please state for how long the family have attended this church	
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Please state how regularly the family attend this church	
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Please state which members of the family are on the Electoral Roll/Church Membership List	
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Please state how the family are actively involved in this church	
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In my capacity as _____ I confirm that I am happy to support this application for admission to Bishop John Robinson CE Primary School.

Name	
Address	
Telephone	
Signed	
Date	

Official Stamp	
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