

Supplementary Information Form (SIF) for Admission to
St Luke's CEVA Primary School, Ruscoe Road, London E16 1JB
Tel: 020 7476 3559

This form has to be returned in person to St Luke's CEVA Primary School
Please complete in CAPITAL LETTERS.

Part 1

Name of child _____ Date of Birth _____

Name of parent/carer: _____

Address (this must be the address where the child normally lives):

Telephone Number _____

Contact e-mail: _____

Do you have any other children who attend St. Luke's and who will still be attending at the time when this child (name on form) starts their Reception class?

If yes, name of child/ren: 1. _____ Date of Birth: _____
2. _____ Date of Birth: _____
3. _____ Date of Birth: _____

Your place of worship and attendance.

Name and address of the place of worship you attend _____

Please indicate your attendance (please tick).

	Twice a month	Monthly
Parent/Carer		

If you have only recently joined the above place of worship, please provide evidence of attendance from your previous faith leader.

State name and address of place of worship you previously attended:

I can confirm that all the information I have given on this form is true to the best of my knowledge. I understand that if I have given any false information, this may invalidate my application.

Signed _____ Print name _____

Relationship to child _____ Date _____

Received back at school on _____

Supplementary Information Form (SIF) for Admission to
St Luke's CEVA Primary School, Ruscoe Road, London E16 1JB
Tel: 020 7476 3559

Proof of residence checked and copied _____ Date _____

Part 2

To be completed by your faith leader who should use the Admission Criteria and notes to their completion of this form.

1. Do you consider this adult to be a member of your place of worship?

Yes ☐No ☐
2. How long has the adult been a member of your place of worship?

3. Can you confirm that their practice of attendance is as they have stated?

Yes ☐No ☐

Signed: _____ (Faith leader)

Date: _____

Name of Place of Worship _____

Address of Place of Worship _____

Is your place of worship a member of Churches Together in Britain and Ireland or the Evangelical Alliance?

Yes No

Tel No. of Place of Worship: _____

Faith Leader's home Tel No. _____

Place of Worship official stamp:

Great emphasis is placed on this form. Please ensure it is filled in as accurately as possible. It is most important that you have a copy of the school's Admission Criteria and notes. Please contact the school (0207 476 3559) if you were not given a copy of these with this form.