



# ST PAUL'S ACADEMY

## IN-YEAR SUPPLEMENTARY APPLICATION FORM

51 Finchale Road, Abbey Wood, London SE2 9PX

Tel: 020 8311 3868

Email: [lindsey.wood@stpauls.greenwich.sch.uk](mailto:lindsey.wood@stpauls.greenwich.sch.uk)

[www.stpaulsacademy.org.uk](http://www.stpaulsacademy.org.uk)

**PLEASE ONLY COMPLETE THIS FORM IF YOUR CHILD IS ALREADY OF SECONDARY SCHOOL AGE (11-16)**

### **SUPPLEMENTARY APPLICATION FORM FOR THOSE SEEKING AN IN-YEAR ADMISSION TO ST PAUL'S ACADEMY**

Please complete this form for entry to St. Paul's Academy if your child is already of secondary school age. Please return it to the Admissions Officer at the above address. If you are applying for a faith place, please complete Section 1 and 2. If you are applying for a Community place, please only fill in Section 1. If you make any false statement, any place offered may be withdrawn. If you have any difficulty in completing this form, please contact the Admissions Officer on the above number.

#### **SECTION 1**

Name of student: .....

DOB: .....

Male or Female: .....

Address: .....

.....

If your application is successful, we will require proof of address (a current Council Tax statement or Council Tax benefit letter AND a HM Revenue & Customs letter for Child Benefit or Child Tax Credits). Photocopies are preferable.

Name Parent/Carer:.....

Relationship to Child: .....

Telephone Number: .....

e-mail address: .....

Present Secondary School: ..... Year: .....

Telephone Number of School: .....

**Additional Information:**

Please give the reason(s) why you wish to apply for a place at St Paul's Academy.

.....  
.....

If you wish to transfer your child from another school, please give the reasons for transfer.

.....  
.....  
.....

We will normally seek further information from your child's previous/current school to assist the transfer process.

**SECTION 2**

It is essential that applicants applying for a faith place complete the section below before returning the completed application form to the Academy.

Religion of the Applicant .....
Place of Baptism/Christening .....
Name of Church .....
Date of Baptism/Christening .....
Date of first Holy Communion (if applicable) .....

**CHURCH WHERE FAMILY NORMALLY ATTEND**

Name of Church .....

Frequency of Attendance (Please tick as appropriate)

- Every Saturday night or Sunday [ ]
- Most Saturday nights or Sundays [ ]
- Occasionally [ ]
- Very Rarely [ ]

**THIS LAST SECTION IS TO BE COMPLETED BY YOUR PRIEST, DEACON, MINISTER\***

(\*In some circumstances we can accept that not all applicants will be known to their priest, vicar or minister. In these cases we would accept a letter in support of your statement from a parishioner known to you and your priest, deacon or minister. Such letters must however be countersigned by the priest, vicar or minister indicating their support of the parishioner's statement.)

The applicant is known to me: YES/NO

I support this application: YES/NO

I believe the statement of attendance above is true: YES/NO

Signed: .....

Church: .....

Date: .....

**Signature:** ..... **Date:** .....

