

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 \_\_\_\_\_

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: \_\_\_\_\_ 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\_\_\_\_\_

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

**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.***