



## FORM OF APPLICATION FOR ADMISSION FOR A FOUNDATION PLACE

(Please read Admissions Policy carefully before completing this application)

*If you are applying for a Year 7 place for September you must also complete a Common Application Form, which is available from your local education department.*

**Year of Entry:** ..... **At the age of:** .....

Surname of Child  
*(block letters)*

First Names  
*(in full)*

Date of Birth

<input type="text"/>	Male/Female
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Parent(s)/Guardian(s)  
*(Mr/Mrs/Miss/Ms)*

Home Address

Home Telephone No

<input type="text"/>	Home Local Authority
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Parent/Guardian  
work or other  
emergency contact  
telephone number

*Name and relationship of contact*

2006-07

Name, Address and  
Telephone No. of  
Present School

	Headteacher's Name:
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Name of  
brother/sister  
currently at Christ's  
*(if applicable)*

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If you wish to add any special  
reasons for your choice of  
school, please write them in  
the space opposite

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**Reference from Parish Priest**

**Please ask your Parish Priest to complete and sign the attached Reference Form and return  
It with your application form.**

Name of the Church which  
the family attends & and the  
Parish in which it is situated?

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Priest's/Minister's Name,  
Address and Telephone No.  
*(If you, or your Parish Priest  
have recently moved, you  
may prefer to give the name  
& address of the previous  
priest, in which case, please  
make this clear)*

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Has the child been baptised?

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Clergy Reference Form enclosed (*please tick box*).

**Signed:**

**Date:**

Completed application form, together with Clergy Reference Form should be returned, by no later  
than **20 October 2006**, to:

Christ's School  
Queens Road  
Richmond upon Thames  
Surrey, TW10 6HW

CHRIST'S SCHOOL  
Queen's Road, Richmond, TW10 6HW

2006-07

CLERGY FORM

The Parents/Carers of the child named below have applied for a Foundation place at Christ's School and have given your name as a referee. We would be grateful if you will kindly complete this form and return it to the applicant. Thank you for your help.

Surname of child:

Other name(s):

Date of birth:

Name of Parent(s)/Carer(s):

Address:

Name and address of place of worship:

Is your Church Anglican? Yes/No      If no, is your Church a full member of Churches Together in Britain and Ireland? Yes/No      or, The Evangelical Alliance? Yes/No

For how long have the family worshipped at your Church?

<6 months       6 months - 1 year       1 - 2 years       > 2 years

How frequently do they attend Church worship?

weekly       fortnightly       monthly       festivals

other  please give brief details below

Please state the nature of the family's involvement in your Church.

Participation in church activities

Child attends Sunday school

Membership of Church committees

Position of responsibility, eg, churchwarden, sacristan, youth leader etc

Leading worship

Other, please specify

Signature of Parent/Carer:

Date:

Signature of Minister/Incumbent:

OFFGEN/AMISSIONS/2006-7/FORM

Date: