



**THE GOVERNING BODY  
OF ST PETER'S LONDON DOCKS C OF E PRIMARY SCHOOL  
Garnet Street, Wapping, London E1W 3QT**

020 7488 3050  
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**RECEPTION CLASS 2026-2027  
SUPPLEMENTARY INFORMATION FORM  
Application for a Foundation Place**

**To be completed by the parents/carers. You must also apply through the eAdmissions portal: <https://www.eadmissions.org.uk/>**

|                                                                                                                                                                                                   |          |                                                     |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------|-------------|
| Name of Child:                                                                                                                                                                                    |          |                                                     |             |
| Child's Date of Birth                                                                                                                                                                             |          |                                                     |             |
| Name of Parent(s):                                                                                                                                                                                |          |                                                     |             |
| Home Address:                                                                                                                                                                                     |          | Post code:                                          |             |
| Religion of child:<br>(Please tick)                                                                                                                                                               | Anglican | Other Christian (name of denomination e.g. Baptist) | Other faith |
| Parish you live in:                                                                                                                                                                               |          |                                                     |             |
| Church where child was baptized.<br>(Name and address)                                                                                                                                            |          |                                                     |             |
| Date of baptism:<br><b>(Baptism certificate is required)</b>                                                                                                                                      |          |                                                     |             |
| Church you currently attend and the date you started attending<br><br>Name and address<br><br><i>(If attendance is less than a year, please also obtain a reference from the previous church)</i> |          |                                                     |             |
| Are you on the Electoral Roll of your church?                                                                                                                                                     |          |                                                     |             |
| Name of priest supplying reference                                                                                                                                                                |          |                                                     |             |

**To be completed by the priest giving the reference:**

|                                                                                       |     |    |
|---------------------------------------------------------------------------------------|-----|----|
| The parents are known to me:                                                          | Yes | No |
| The child is known to me:                                                             | Yes | No |
| The child is a member of a practising Christian family:                               | Yes | No |
| One or both of the child's parents or carers are on the Electoral Role of this church | Yes | No |
| The child attends our place of worship at least once a month                          | Yes | No |
| The family has been attending our place of worship for at least a 1 year              | Yes | No |

If you think there are exceptional circumstances to support this application, please give details below:

**Declaration**

I confirm that the above statements about this child and his or her family's practice are true, to the best of my knowledge and belief.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Priest's/Religious Leader's Name: \_\_\_\_\_

**Official Parish stamp or seal**

**This form must be completed and returned to the School Office by 15<sup>th</sup> January 2026. You must also bring your child's baptism certificate if they have been baptised.**