



St Matthew Academy

Supplementary Information Form

Please complete and sign the form below and return it to the Admissions Officer at St Matthew Academy, St Joseph's Vale, London SE3 0XX

To be completed by Parents or Carers

Surname: _____	Date of birth _____
Christian/Forename (s) of child _____	
Parents' or Carers' names: _____ _____	
Home address: _____ _____ Postcode _____	
Contact numbers: Home _____	Work _____
Mobile _____	Email Address _____
Does your child currently have a brother or sister at the Academy? Yes/No	
If yes please name _____	

It is not compulsory but if you wish please complete this section of the form

Denomination to which you belong (e.g. Christian/Catholic/Muslim etc.) _____
Name of priest/Minister of the designated place of worship who can support your application _____
Address of Minister _____ _____ _____
I attach a letter of support from this minister YES/NO* *delete as appropriate
<i>Please note it is the applicants responsibility to obtain a letter of support from this minister</i>

Signed _____ Relationship to Child _____

Date _____