

Foundation Place Application Form



Parents wishing to apply for a Foundation Place at Chelsea Academy must complete and return this form.

Send this form by Friday 21 October 2011 to:

Admissions Officer, Chelsea Academy, Lots Road, London SW10 0AB

Student Information

Surname of child

Other names Date of birth

Name and address of present school

..... Borough

Parent / Carer Information

Name of parent(s) / carer(s)

Home address

.....

Home telephone Daytime telephone (if different)

Information about Church Attendance - Complete this section **ONLY** if you regularly attend¹ a Christian church

Name and address of church

.....

Denomination (e.g. Church of England) Deanery

Name and address of minister who can confirm your attendance

.....

NB: If you have moved recently, please give the name and address of your previous minister

Clergy Reference - This section must be completed and signed by the minister named above

The parent(s) / carer(s) of the child named above have applied for a place at Chelsea Academy and have given your name as a referee. Would you kindly complete the questions in this section and sign below. Thank you for your help.

Is your church part of the Church of England? Yes / No

If no, is your church either a full or associate member of the Churches Together in Britain and Ireland or of the Evangelical Alliance? Full member / Associate member

I confirm that the family attends church regularly (For at least one year, on at least two occasions per month.)

Signed Date

Print Name

Declaration by Parent / Carer

I wish to apply for a place for my child at Chelsea Academy for September 2012

Signed Date