St. Luke's C.E. Primary School
Saunders Ness Road, Isle of Dogs, London, E14 3EB
Phone: 020 7987 1753
Email: office@stlukeslondon.org
Website: www.st-lukes.towerhamlets.sch.uk

2027.28 ADMISSIONS - SUPPLEMENTARY FORM
ADMISSIONS TO THE RECEPTION CLASS AND YEARS 1 TO 6
FOR THE PERIOD FROM SEPTEMBER, 2026 TO AUGUST, 2027

Application Forms

To apply for a Reception place at our school for September 2027, you first need to complete the online application form with the borough using their E-Admissions Portal. You can access the form and guidance here:

https://www.towerhamlets.gov.uk/lgnl/education_and_learning/schools/school_admissions/primary_school_admissions.aspx

Supplementary Form

In addition to the online application form, all applicants applying for a Foundation place are asked to complete the Supplementary Form *(see following pages 2 to 5)* in order to ensure that the school has the information to apply the Oversubscription Criteria detailed in the Admissions Policy.

If you do not complete and return both the online application form and the Supplementary Form, where appropriate, by the closing date, this may affect the priority accorded to your application by the Governing Body.

Supplementary forms should be returned to the school office by 15 January 2027.

You should ensure that you have read and understood the school's Admissions Policy before completing the Supplementary form.

Please complete this form in block capitals using a black pen/black ink

INFORMATION ABOUT THE CHILD				
Legal Surname:				
Legal Forenames:				
Gender: *(Please tick):*	Male:		Female:	
Date of birth:				
Full address including postcode: i.e. the place where the child lives for at least 50% of the school week				

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Please list here any siblings that the child has on roll in the school	

INFORMATION ABOUT THE PARENT	
Relationship to child: *e.g. Mother, Father etc*	
Surname:	
Forename(s):	
Title: *e.g. Mr, Mrs, Ms, Miss*	
Daytime telephone number:	
Address: *(if different from that shown above)*	
Please indicate if you are a member of staff*: if so – what role you have. Please state when you took up your post.*	

CATEGORY OF APPLICATION

There are four categories of places for which applicants can apply *(see Admissions Policy)*.

Please indicate the place for which you wish to apply by placing a tick against **one** of the following categories of places available overleaf:

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NO.	CATEGORY	*Please tick one box only*
1	**Place for a Looked-after child or child who was previously looked after, but ceased to be so because, immediately after being looked after, they became subject to an adoption, child arrangements or special guardianship order.** *If you are applying for a place in this category please see note below.*	
2	**Member of staff.**	
3	**Foundation Place for a child whose parents/carers are practising members of a Christian Church who either live or worship within the Anglican Deanery of Tower Hamlets.** (i) Children who will have a brother or sister (see Admissions note 4) in the school at the time of admission whose parent is a practising member of a Christian Church (see Admissions note 1) and live or worship within the Anglican Deanery of Tower Hamlets (see Admissions note 5); (ii) Children whose families are practising Christians who are regular attendees of Christ Church or St. Luke's Church. (Supplementary form completed by Father Tom Pyke or Father Ed Dix respectively) (i) Children whose families are practising Christians and attend another Christian church other than those included in the criterion above and live or worship within the Anglican Deanery of Tower Hamlets (Supplementary form completed by the Parish Priest/Minister, Church leader or Church Officer). *If you are applying for a place in this category, please see note below and go to page 5.*	
4	**Open Place for a child not included in categories 1, and 2 above.** (i) Children who will have a brother or sister (see Admissions note 4) in the school at the time of admission; (ii) Children who live at an address within the Parish of Christ Church, Isle of Dogs (see Admissions note 5). A map of the Parish is available in the School Office; (iii) Children who live at an address within the Anglican Deanery of Tower Hamlets not included in the criterion above (see Admissions note 5). A map of the Tower Hamlets Deanery is available in the School office; (iv) Children who live at an address outside of the Anglican Deanery of Tower Hamlets (see Admissions note 5); *For this category, you do not need to provide any further information.*	

Category 1 Note:
If you are applying for a place on behalf of a Looked After child, you should contact the School Office immediately. The Executive Head Teacher will then contact the Local Authority to confirm the child's circumstances.

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Category 3 Note:

If you are applying for a Foundation Place you will need to give details of a Priest, Minister or Church Leader who can provide written confirmation of your family's current religious practice.

To be completed by the parents/carers

Child's date of Baptism, if applicable:	
Parents' Religion	
Church family attends	
Church's denomination: *(e.g. Anglican, Catholic, Methodist, Pentecostalist etc)*	
Name of Parish Priest/Minister/ Religious Leader	

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**
The child attends our place of worship at least once a month:	**Yes**	**No**
The family have been attending our place of worship for: *(time period)*		
I support this application:	**Yes**	**No**

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If you think there are exceptional circumstances to support your 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.

Priest's/Minister's/Religious Leaders name:			
Signature:		Date:	

Parish Priest/Minister's Countersignature (only where the Parish Priest/Minister is not giving the reference):

I confirm that the child is **resident** in my parish.

Priest's/Minister's/Religious Leaders name:			
Signature:		Date:	

This form must be completed and returned to the School Office with your application form.

Signed by parent:…….. Date……..

PLEASE NOTE:
(i) The completion of this application is not a guarantee that a place is available for your child.
(ii) Please refer to Admission Criteria's attached with this form.

FOR OFFICE USE ONLY

Proof of Address Provided ☐ Date……..…Initials……....

Date Application Received ……..