

ΠΑΝΤΑ ΙΣΧΥΩ ΕΝ ΤΩ ΕΝΔΥΝΑΜΟΥΝΤΙ ΜΕ ΧΡΙΣΤΩ  
I AM STRONG THROUGH JESUS CHRIST  
Headteacher: Mrs Vasoula Baron  
Deputy Headteacher: Mrs Mary Mantilas  
Assistant Headteacher: Mrs Angelina Adrien

# ST CYPRIAN'S



GREEK ORTHODOX PRIMARY ACADEMY  
CO-EDUCATIONAL SCHOOL FOR CHILDREN AGED 3-11

## Ακαδημία Άγιος Κυπριανός

SPRINGFIELD ROAD, THORNTON HEATH, SURREY, CR7 8DZ Tel: 020.8771.5425 Fax: 020.8771.8045  
e-mail: office@st-cyprians.croydon.sch.uk website: www.st-cyprians.croydon.sch.uk

## SUPPLEMENTARY INFORMATION FORM

### 1. I would like to be considered for St Cyprian's Greek Orthodox Primary Academy.

NURSERY RECEPTION YEAR 1 YEAR 2 YEAR 3 YEAR 4 YEAR 5 YEAR 6

### 2. Child's details:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

### 3. Details of Parent / Guardian with Parental Responsibility:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Tel Home: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Religion: \_\_\_\_\_

Continued overleaf



Flagship School



National Standard  
for Enterprise  
Education



Registered Company No: 08085808

**4. Religious Information:**

Place of Worship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Name of Priest: \_\_\_\_\_

Date & Place of Child's Baptism: \_\_\_\_\_

\_\_\_\_\_

Regularity of Attendance

At least: Monthly

**5. Declaration:**

I/We understand that I am expressing a preference for this school, but that it does not guarantee that a place at the school would be made available.

Signature of Parent/Guardian \_\_\_\_\_

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

**6. Confirmation of Religious Information**

Signature of Religious Leader: \_\_\_\_\_

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