

ΠΑΝΤΑ ΙΣΧΥΩ ΕΝ ΤΩ ΕΝΔΥΝΑΜΟΥΝΤΙ ΜΕ

ΧΡΙΣΤΩ ΙΝΑ ΑΡΙΣΤΕΥΩ

I AM STRONG THROUGH JESUS CHRIST

TO  THE BEST THAT I CAN BE

Headteacher: Mrs Vasoula Baron

Deputy Headteacher: Mrs Mary Mantilas

Assistant Headteacher: Mrs Angelina Adrien

SPRINGFIELD ROAD, THORNTON HEATH, SURREY, CR7 8DZ Tel: 020.8771.5425 Fax: 020.8771.8045

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ST CYPRIAN'S



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

Ακαδημία Άγιος Κυπριανός

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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: _____

Continued overleaf



Registered Company
08085808



4. Religious Information:

Religion: _____

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: _____