

ΠΑΝΤΑ ΙΣΧΥΩ ΕΝ ΤΩ ΕΝΔΥΝΑΜΟΥΝΤΙ ΜΕ
ΧΡΙΣΤΩ ΙΝΑ ΑΡΙΣΤΕΥΩ
I AM STRONG THROUGH JESUS CHRIST

TO  THE BEST THAT I CAN BE

Headteacher: Mr Christopher Vradis

Deputy 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: _____