

ALL SOUL'S C.E.PRIMARY SCHOOL  
Foley Street, London W1W 7JJ

**WAITING LIST APPLICATION**

CHILD'S SURNAME \_\_\_\_\_

CHILD'S FIRST NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX MALE / FEMALE

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_

POST CODE \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_

MOTHER'S FULL NAME \_\_\_\_\_

HOME TELEPHONE NO. \_\_\_\_\_

DAYTIME CONTACT NO. \_\_\_\_\_

CURRENT SCHOOL OR  
NURSERY \_\_\_\_\_

BROTHERS / SISTERS  
AT ALL SOULS \_\_\_\_\_

LOCAL CHURCH ATTENDED \_\_\_\_\_

CAN YOU PROVIDE A SUPPORTING LETTER  
FROM THE CHURCH YES / NO

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_