



ST PAUL'S ACADEMY

51 Finchale Road, Abbey Wood, London SE2 9PX

Tel: 020 8311 3868

e-mail: lindsey.wood@stpauls.greenwich.sch.uk

PLEASE ONLY COMPLETE THIS FORM IF YOU ARE APPLYING FOR A CATHOLIC OR FAITH PLACE

SUPPLEMENTARY APPLICATION FORM FOR THOSE SEEKING ADMISSION TO ST PAUL'S ACADEMY IN SEPTEMBER 2026

All applicants must complete a Common Application Form, which you will obtain from your home LA and you must return it to that LA. IN ADDITION, you should complete this form for entry to St Paul's Academy if you wish to be considered for a Catholic or Faith place and return it to the Admissions Officer at the above address. If you have any difficulty in completing this form, please contact the Admissions Officer on the above number.

All applicants to complete Part 1 and EITHER Part 2 OR Part 3

PART 1

DETAILS OF CHILD

SURNAME DATE OF BIRTH

FIRST NAMES

HOME ADDRESS

..... POST CODE

*FEMALE/MALE *(delete as appropriate)

DETAILS OF PARENT/CARER

SURNAME INITIALS TITLE

ADDRESS (ONLY if different from child's)

.....

Contact Telephone:

e-mail:

Form continues overleaf.....

Details of other children who will already be attending St Paul's Academy **AT THE TIME** of admission (i.e. **September 2026**)

Full name of brother/sister	Age

PART 2 (To be completed by Catholic applicants only)

I am [the child's parish priest] OR [the priest in charge of the Church where the child practices] **[delete as applicable]**

I hereby certify that this child is known to me and, to the best of my knowledge and belief, the child is a practising Catholic.

Priest's Name:.....

Position:

Parish (or ethnic chaplaincy)

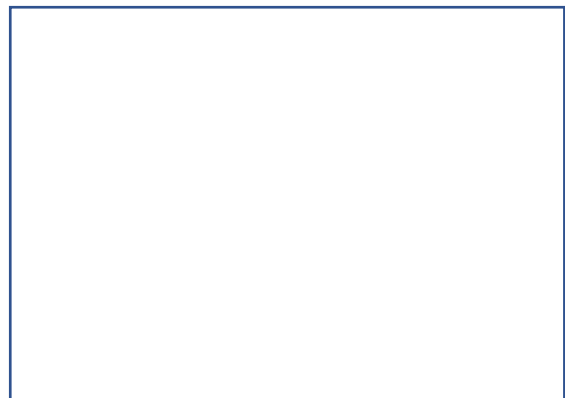
Address:

.....

.....

Telephone:

Parish stamp or seal:



PART 3 (To be completed only by ministers of other Christian denominations or other faiths)

For non-Catholic Christian applicants, please refer to Section 8 of our Admissions Arrangements and the reference to 'Churches Together in England.'

I am [the child's religious leader] OR [the religious leader in charge of the Church where the child practices] **[delete as applicable]**

I hereby certify that this child is known to me and, to the best of my knowledge and belief, the child is a member of our church.

Religious Leader's Name:.....

Position:

Name of Church:

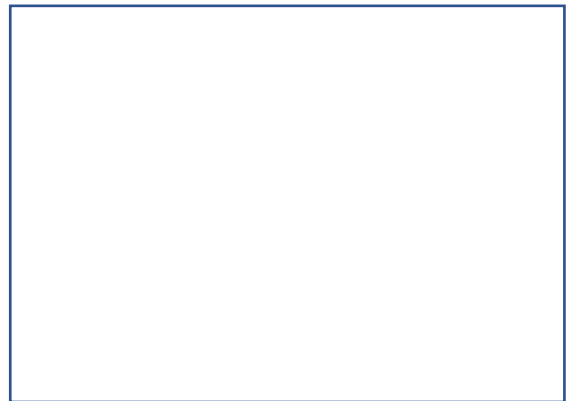
Address:

.....

.....

Telephone:

Church stamp or seal:



PLEASE ENSURE YOU HAVE ENCLOSED COPIES OF BAPTISMAL AND FIRST COMMUNION OR CONFIRMATION CERTIFICATES IF RELEVANT.

THIS FORM MUST BE RETURNED TO ST PAUL'S ACADEMY BY FRIDAY 31st OCTOBER 2025