

Surname

FEDERATION EXECUTIVE CO-HEADTEACHERS

Mrs Claire Harrison and Mrs Victoria Wainwright

FEDERATION BUSINESS MANAGER

Ms Sue Eden

FEDERATION FACILITIES MANAGER

Mr Aaron Flanagan

CHRIST CHURCH C OF E PRIMARY SCHOOL - CAPITATION FUND

Gift Aid Declaration Form

First Name

	of Parent		of Parent		
ŀ	(Please use capital letters)				
-	Address				
(Please use capital letters)					
 I am a UK taxpayer and I would like take to be reclaimed on the er of £25.00 to the School's Capitation Fund, through the Gift Aid school. I note that I must have paid an amount of tax that a least equals the from this donation (25p for every £1). 				ne Gift Aid scheme	
	Signature		Date		
CHRIST CHURCH C OF E PRIMARY SCHOOL – CAPITATION FUND					
Payment Slip					
Name of Child Class					
	☐ I enclose part payment of £				
	☐ I enclose full payment of £25.00				
(Please tick appropriate box and return to school office with your payment)					
Si	gnature	(Parent/Carer)		ate	

KOINONIA C OF E SCHOOLS FEDERATION

ST MARY MAGDALENE
C OF E SCHOOL
PENINSULA CAMPUS

1 Hendon Street London SE10 0NF Primary 020 8858 1309 Secondary 020 3873 5555 ST MARY MAGDALENE C OF E SCHOOL

WOOLWICH CAMPUS

Kingsman Street London SE18 5PW 020 8854 3531 CHRIST CHURCH
C OF E PRIMARY SCHOOL

45 Commerell Street London SE10 0DZ 020 8858 3974

