

Additional Information Form - Academic Year 2016/17

Church of England School

DIOCESE OF SHEFFIELD

SUPPLEMENTARY INFORMATION FORM TO MAKE AN APPLICATION FOR A CHURCH OF ENGLAND AIDED SCHOOL
(IMPORTANT: Only return this form if you are applying for a Church School)

PLEASE COMPLETE IN BLOCK CAPITALS AND ATTACH SECURELY TO THE APPLICATION FORM.

Name of Pupil for whom application is made _____

Date of Birth _____

Requested C of E School(s) _____

1 Please tick one box from those below to indicate your child's faith or religion.

Christian Please state denomination _____
(see definition – www.churches-together.org.uk)

Other Faith Please state _____

2 If appropriate, please name your present parish/place of worship _____

3(a) Is this application supported by a regular pattern of worship by parents/carers and/or the child as defined in the school's admission policy?

Yes No

3(b) If yes, please complete the Minister's Reference Form over this page and then ask your Minister of Religion to countersign it.

Which Church School(s) have you put on your application form?
(If you have not applied for a Church School, do not return this form.)

Full name and signature of person(s) completing this form.

Name _____ Signature _____

Date _____

MINISTER OF RELIGION REFERENCE FORM

Name of Child _____

Name of Parent/Carer _____

Address of Parent/Carer _____

In considering church school admission applications, priority is given to those who can prove a long-standing and regular pattern of attendance for worship at a public place of worship as defined in the school's Admissions Policy. Some schools make a distinction between attendance of Parent(s)/Carer(s) and attendance of the child (see the school's Admissions Policy).

The Parent(s)/Carer(s) should complete the details below at EITHER Section 1(a) OR 1(b) and then ask their Minister of Religion to countersign the form at Section 2.

SECTION 1

Either (a) I/We the Parent(s)/Carer(s) of _____ have worshipped at the Church of _____ for _____ for the last _____.
(insert frequency, eg twice a month) (insert length of time, eg 2 years)

Signature (Parent/Carer) _____ **Date** _____

Or (b) My/Our child (name of child) _____ has worshipped at the Church of _____ for at least _____ for the last _____.
(insert frequency, eg weekly) (insert length of time, eg 6 months)

Signature (Parent/Carer) _____ **Date** _____

SECTION 2 Please check the Admissions Policy of the school.

I confirm that the above statement is correct.

Name of Minister _____

Address _____

_____ Telephone Number _____

Signature (Minister of Religion) _____ **Date** _____

For school use only
Date Received