

Additional Information Form

Church of England Aided School

September 2017

Supplementary information form to make an Application for a Church of England Aided School.
Please complete in CAPITALS and BLACK INK and send it to your requested Church of England school(s).
IMPORTANT: Only complete this form if one of your requested schools is a Church of England School.

Name of pupil for whom application is made _____
Date of birth _____
Requested school _____

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

3a 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

3b If yes, please complete the Minister's Reference Form overleaf, and ask your Minister of Religion to countersign it.

Full Name and signature of person completing this form

Name _____ Signature _____

Date _____

WHEN COMPLETE RETURN FORM TO YOUR REQUESTED SCHOOL

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 Admission 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 as Section 2.

SECTION 1

Either (a) I/We the parent/carer(s) of _____ have worshipped at the
Church of _____
for _____ for the last _____
(insert frequency – e.g. twice a month) (insert length of time – e.g. two 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 – e.g. twice weekly) (insert length of time – e.g. six months)

Signature (parent/carer) _____ Date _____

SECTION 2 Please check Admissions Policy of school.

I confirm that the above statement is correct.

Name of Minister _____

Address _____

_____ Telephone Number _____

Signature (Minister of Religion) _____ Date _____

SCHOOL USE ONLY Date Received _____

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