



**SUPPLEMENTARY FORM FOR ADMISSION to  
 ELTHAM CHURCH of ENGLAND SCHOOL**

**FOR PLANNED SEPTEMBER ADMISSION TO RECEPTION, A COMMON APPLICATION FORM MUST BE COMPLETED ONLINE AND SUBMITTED TO THE ADMISSIONS DEPARTMENT OF THE BOROUGH IN WHICH YOU RESIDE.**

**Those parents wishing to apply for a place at Eltham Church of England School under the faith criteria should also complete this SUPPLEMENTARY FORM and return it to the school no later than 15<sup>th</sup> January 2025.**

Faith applicants who do not complete and return a Supplementary Form will be assessed under the last criterion (home/school distance).

**Section 1 - Pupil Information**

Surname: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Forename(s): \_\_\_\_\_

**Section 2 - Parent/Guardian Information**

Name of parent(s)/guardian(s): \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_

Please complete **either**: Section 3a (Anglican Church Worshippers)  
**or**: Section 3b (Other Christian Faith Worshippers)

**Section 3a –Anglican Church Commitment**

Name and address of the Church which you and your child attend: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you and your child attended this Church at least twice a month for 2 years – *please tick one box.*

Yes  No

Please give dates **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_



**Section 3b – Other Christian Faith Commitment**

Name of Church which you and your child attend: .....

Name of Priest | Minister | Faith Leader: .....

Address: .....

.....

Denomination of Church: .....

Have you and your child attended this Church for at least twice a month for 2 years – *please tick one box.*

YES

NO

Please give dates **FROM:** **TO:**

**If you have moved recently, please give the name & address of your previous Priest, Minister or Faith Leader:**

Name of Priest, Minister or Faith Leader: \_\_\_\_\_

Address: .....

.....

Please give dates: **FROM:** **TO:**

**Section 4 - Declaration**

I confirm that the information given above is correct and that I have read and understood the School's Admission Policy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent/Guardian)

Contact telephone no: \_\_\_\_\_

Email address: \_\_\_\_\_

**Please note: The school will now contact your Priest, Minister or Faith Leader to verify the information given above.**



**RE PLANNED ADMISSION FOR RECEPTION CLASS:**

If there has been no response from your Priest, Minister or Faith Leader by 3<sup>rd</sup> February 2025, or if your Supplementary Information Form has not been validated in that time, the school will contact you by email.

We will email you no later than 9<sup>th</sup> February 2025 if your application form has not been validated – as we will not be able to consider your application under the worship criteria.

Please write your email address clearly below:

---

---

(For Office Use)

I hereby confirm receipt of the Supplement Information Form for

\_\_\_\_\_ (Name of child)

Received on \_\_\_\_\_

Signed \_\_\_\_\_