



SUPPLEMENTARY FORM FOR IN YEAR ADMISSION

PARENTS WISHING TO APPLY FOR A PLACE AT ELTHAM CHURCH OF ENGLAND SCHOOL UNDER THE FAITH CRITERIA SHOULD COMPLETE THIS SUPPLEMENTARY FORM AND RETURN IT TO THE SCHOOL.

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 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

How long have you and your child worshipped in this Church? _____



Section 3b – Other Christian Faith Commitment

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

.....

Faith and Place of Worship which you and your child attend (if applicable): :

.....

Denomination of Church:

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

Yes

No

Section 4 – Church/Faith Information

Name of Priest, Minister or Faith Leader:

Address:

.....

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:

.....



Section 5 - Declaration

I confirm that the information given above is correct and that I have read the admission policy.

Signed: _____ Date: _____
(Parent/Guardian)

Please note:

The school will now write to your Priest, Minister or Faith Leader to verify the information given above.

If we do not receive a response from your Priest, Minister or Faith Leader, or if your Supplementary Information Form has not been validated, we will send you an email to advise you that your application will not be considered 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)

Date Received _____

Signed _____

Print name _____