

SUPPLEMENTARY FORM FOR ST FAITH'S CE PRIMARY SCHOOL

SECTION A: To be completed by the parent/guardian and returned to the school

Surname of child:	<input style="width: 100%;" type="text"/>		
Forename(s):	<input style="width: 100%;" type="text"/>		
Date of birth:	<input style="width: 200px;" type="text"/>	Gender: Boy	<input style="width: 30px;" type="checkbox"/>
		Girl	<input style="width: 30px;" type="checkbox"/>
Details of Parents/Guardians:	Mother	Father	
Name:	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>	
Address:	<input style="width: 300px; height: 100px;" type="text"/>	<input style="width: 300px; height: 100px;" type="text"/>	
Postcode:	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>	
Telephone No:	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>	
Mobile No:	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>	
Email:	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>	
Church:	<input style="width: 640px;" type="text"/>		
Parent sign:	<input style="width: 640px; height: 20px;" type="text"/>		

To be considered for criterion 2, 3 or 4 (see Admissions Policy) you must have reference(s) completely covering the year before the closing date for applications. If you or your minister have/has moved over the last year you must also obtain a reference from your previous church or minister. It is your responsibility to duplicate this form for such additional references.

NB. This Supplementary Form must be returned by you to the school by the same date as the Common Application Form is to be returned to Wandsworth Borough Council.

SECTION B: ***(THIS MUST BE COMPLETED BY THE MINISTER OF THE CONGREGATION)***

The parent(s)/legal guardian(s) of the child named above is/are applying for a place at St Faith's C of E Primary School. **To support their application, please complete the details below and place your official church stamp at the bottom of the form. (If no stamp is available please confirm on letter headed paper).**

Name/address of church:	<input style="width: 100%; height: 50px;" type="text"/>		
Telephone number:	<input style="width: 100%;" type="text"/>		
Is your church Anglican?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If no, is your church a full member of Churches Together in England?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

REGULAR WORSHIP – this means attending church/centre of worship at least twice a month for at least one year prior to the closing date of application.

Have the parent(s)/legal guardian(s) worshipped at your church/centre of worship for at least one year? Yes No

Do the parent(s)/legal guardian(s) attend worship at least twice a month?

Mother : Yes No

Father: Yes No

Name of Minister: Signed:

Date:

Email:

Parish stamp

- Please return this form to the parents, who are responsible for sending it, unaltered, to the school.
- Parents and/or minister/leader may wish to make their own photocopy for file purposes