ST MARY'S C.E. PRIMARY SCHOOL

In Partnership with St Helen's Primary School



Supplementary Form for In-Year Admission

Section A

1. General Information

Child's surname	
Child's forenames	
Date of Birth	
Home Address	
Postcode	

2. Regular church attendance:

Please circle			
YES	I	OV	
If yes, please circle the worship group you fit into:			
GROUP 1	GROUP 2	GROUP 3	
Years			Months
Please circle			
YES	1	OV	
If yes, please circle the worship group you fit into:			
GROUP 1	GROUP 2	GROUP 3	
Years			Months
	YES If yes, please circle the worship GROUP 1 Years Please circle YES If yes, please circle the worship GROUP 1	If yes, please circle the worship group you fit into: GROUP 1 GROUP 2 Years Please circle YES If yes, please circle the worship group you fit into: GROUP 1 GROUP 2	YES NO If yes, please circle the worship group you fit into: GROUP 1 GROUP 2 GROUP 3 Years Please circle YES NO If yes, please circle the worship group you fit into: GROUP 1 GROUP 2 GROUP 3

3.	If, in order to meet the worship criteria in this policy, you and/or your child have attended a place
	of worship different from the one(s) stated above, please give details below.

Place of worship:		
Exact Dates of Attendance:	From:	То:
Name of Minister(s):		
Contact Address(es):		
Telephone Number(s):		
E-mail Address(es):		

4: Declarations

One Parent / Carer must sign the following statement:

"I verify that the information given above is true and accurate."

Signed:	Date:

Now take the complete 'Supplementary Form' to the minister, leader or authorised representative of your place of worship.

Please note that the form must be signed by one person who holds a position of responsibility in the church or place of worship; this will, for example, include the priest, minister or pastor, churchwarden, steward, elder or deacon, Sunday school or youth leader but must not include anyone related in any way to the applicant.

Should the Governors find any discrepancy in the information given before the term of entry, they reserve the right to re-consider any place offered.

Supplementary Form for In-Year Admission Section B

This part of the form is to be completed by the church representative only.

Guidance notes for Church Representatives

Please read these guidance notes very carefully before agreeing with the level of involvement of the Parent/Carer and/or child in your church or place of worship:

- 1. We require the signature of one person who holds a position of responsibility in the place of worship but who must not be related in any way to the applicant.
- 2. It is hoped that the Parent/Carer has made an appointment with the person of responsibility in the place of worship, to discuss this application. If you disagree with the Parent/Carer's description of their involvement, please indicate this, together with an explanation.
- 3. To help you decide into which group the applicant fits, descriptions of the groups are printed below. Please note where a Parent/Carer has indicated a second Church in Box 3 of the Supplementary Form, please allocate to a group based solely on frequency of attendance at your church.

Church / Place of Worship representatives must confirm if the **Parent/Carer** and/or the child are regular worshippers. We define regularity in this context under three groups:

Group 1: The child is a member of Group 1 if the Parent / Carer and/or the child are very regular worshippers. This means attending **worship** at a **Christian Church/Place of Worship** three or more times a month for a minimum of the last three years as at the date of application.

Group 2: The child is a member of Group 2 if the Parent / Carer and/or the child are regular worshippers. This means attending **worship** at a **Christian Church/Place of Worship** two or more times a month for a minimum of the last two years as at the date of application.

Group 3: The child is a member of Group 3 if the Parent / Carer and/or the child are occasional worshippers. This means normal attendance for **worship** at a **Christian Church / Place of Worship** is a minimum of once a month during the past year as at the date of application.

In this context a Christian Church / Place of Worship means:

- The Church of England or other Anglican Church, or
- A Christian church which is in membership of Churches Together in England (or its partner bodies in Scotland, Wales & Ireland), or
- Church or a congregation, which can provide evidence of affiliation to the Evangelical Alliance.

'Worship' in the above context includes not only Sunday services, but also weekday ones and it includes Sunday School or equivalent on a Sunday or on another day, so long as the group is primarily about worship. 'Minimum of years': Parents/Carers should calculate the minimum number of years' attendance as including the period up to the date of completion of the application form.

In the event that during the period specified for attendance at worship, the church / place of worship has been closed for public worship and has not provided alternative premises for that worship, the requirements of these admission arrangements in relation to attendance will only apply to the period when the church / place of worship has been open, or when alternative premises have been available for public worship.

This must be confirmed by the church representative. Please reiterate to the Parent/Carer that the Local Authority's Common Application form must also be filled in and returned to the Local Authority, whereas this supplementary form must be returned direct to St Mary's CE VA Primary School. Both forms must arrive at their respective destinations by the admissions closing date, as set by the Local Authority

Thank you very much for your help and time in this process.

Supplementary Form for In-Year Admission Section B

This part of the form is to be completed by the church representative only.

guidance notes of this form a below:		, (Place of Wo	ISHIWI HAVE LEAU LHE
	and believe that tr	e application falls with	• •
Decide which description continuous involvement in the place or		escribing the parent/c	arer, or their child's
Place a tick against ONE of t	the groups below:		
Regular Attendance Group	Group 1	Group 2	Group 3
Not regular Attendance			
extenuating circumstances:			
Signature			
Please complete the following	g in BLOCK CAPITA	LS:	
Name:			
Position of			
Responsibility:			
Contact Address:			
Telephone Number:			
Email Address:			

Both parts of the Supplementary form must be completed and returned to their correct destinations by the closing date.

If you would like confirmation of safe receipt of your Supplementary Form, please enclose a stamped addressed postcard.