MAGNUS CHURCH OF ENGLAND ACADEMY



At the Heart of Our Community

Supplementary information form Year 7 September 2017

Parents seeking a place for their child under faith criteria at the Magnus C of E Academy in September 2017 are required to fill in this form and return it by the closing date.

Applications must be received at the reception area of the school by 31st October 2016

Name of applicant:	
Relationship to child:	
Surname of child:	
Forename of child:	
Date of Birth:	
Home Address:	
	Post Code:
Telephone:	

It is assumed that the address that has been given above is that to be used in determining distance from home to school.

All applications are considered in relation to the published admissions criteria. You should request this document if you have not already been given one, together with the prospectus.

EVIDENCE OF RELIGIOUS COMMITMENT

If you fall into criteria 5 or 6 you are required to tick the relevant statement below (that mirrors our oversubscription criteria). Please then contact your Minister of Religion / Religious leader and ask them to verify the information given. This will help us to rank your application if there are more applicants than places available.



Magnus Church of England Academy

Earp Avenue, Newark, Nottinghamshire NG24 4AB T: 01636 680066 F: 01636 680077 E: office@magnusacademy.co.uk www.magnusacademy.co.uk MAGNUS CHURCH OF ENGLAND ACADEMY

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APPLICANTS APPLYING UNDER CRITERIA 5

My child has been a regular and frequent worshipper at a Church of England Church (i.e at least twice a month) for the twelve months prior to my application.

Name of Church attended _____

Name of Incumbent

APPLICANTS APPLYING UNDER CRITERIA 6

My child h	nas been a	regul	lar and	frequ	ent wo	orshipp	er	at any (Christ	ian	Church	which is a	a men	ıbeı	r of
Churches	Together	in En	gland	(i.e a	t least	twice	а	month)) for	the	twelve	months	prior	to	my
applicatio	n														

Name of Church attended _____

Name of Minister of Religion /Religious Leader_____

VERIFICATION

To the Incumbent / Minister of Religion / Religious Leader:				
I confirm that the statement detailed above is a true reflection of this child's religious commitment.				
Signed	Print Name			
Designation				
Address				
OFFICIAL STAMP				

PLEASE MAKE SURE YOUR MINISTER OF RELIGION OR RELIGIOUS LEADER SIGNS THIS PAGE BEFORE YOU SEND US YOUR FORM.



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ACADEMY USE ONLY: Evidence of Religious Commitment accepted as validated Yes / No

Signed on behalf of Governors Print Name

DECLARATION

The information I have provided is an accurate statement of matters relating to this application. I acknowledge that to obtain a place fraudulently can lead to withdrawal of the place, even after the child has been admitted to the school.

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