



St Swithun's C of E Primary Academy
Grove Street
Retford
DN22 6LD

Telephone : 01777 702043

Supplementary Information Form

Please complete this form (as well as the LA application form) if you are applying for a place at St Swithun's Church of England Primary Academy and you want church commitment to be taken into consideration as part of the admissions process.

Please read the Admission Policy for the school (www.st-swithuns.notts.sch.uk) and return this form to the school directly.

Child's Surname _____

Child's Christian Names: _____

Child's date of birth: _____

Parents/Carers Name: _____

Address:

Post Code: _____

Telephone No: _____

Faith Commitment

Please complete this section if you have a religious commitment.

Give the church information for parent(s)/carer

Which Church/Religious Group(s) do you attend? (Please give the full name and address of the church/religious group(s).

Name(s) : _____

Address:

Telephone No(s): _____

Please give the name and address of your parish priest, minister or equivalent religious leader who will be contacted to provide a reference. (Please give the full name and address)

Name: _____

Address:

Telephone No: _____

E-mail address (if known): _____

Please indicate your normal pattern of attendance at your church/place of worship:-

At least once a month ☐

At least 4 times per year ☐

Declaration

I/We understand that the school I/we have applied for is a Church of England School and I/we have read the school's information and understand its beliefs and aims:

Signature: _____

Date: _____

Full Name of Parent/Carer: _____

Office use only:

Form received on (date) _____

Signed: _____
