



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

Telephone : 01777 702043

Supplementary Information Form

This form is for applicants involved in worship at a Church of England parish or another Christian Church that is a member of Churches Together in England, who want church commitment to be taken into consideration as part of the application process. The supplementary information form must be completed **in addition** to the Local Authority's application form. Please ensure both parts are completed and signed and return the form to St Swithun's C of E Primary Academy.

The academy's admissions arrangements can be found at www.st-swithuns.notts.sch.uk.

PART ONE - To be completed by parent or carer

Surname of child: _____ Date of birth _____

Christian / Forename(s) of child _____

Parent or Carer's Full Name: _____

Contact Information:

Home address: _____

_____ Postcode _____

Telephone: Home _____ Work _____

Mobile _____ Email Address _____

I have completed this supplementary form in good faith and am aware that the offer of a place may be withdrawn, if any information is found to be fraudulent or potentially misleading.

Signature: _____ Date _____

Please see next page for part 2

PART TWO - To be completed by a recognised leader of the Church/Parish

Please confirm if the parent/carer named on the form is:

i) **'At the heart of the Church'** – a regular, committed worshipper who has worshipped at least once a month for 24 months prior to the date of application. Please include week-day worship.

Yes No

ii) **'Attached to the Church'** – a regular, but not frequent worshipper who has worshipped at least four times a year for 24 months prior to the date of application. Please include week-day worship.

Yes No

Church/Parish:

Signature: _____

Print name: _____

Church Position/Title: _____ Date: _____

Contact details:

Tel: _____

Email: _____

Office use only:

Form received on (date) _____

Signed: _____
