

Hucknall National C. of E. Primary School

For School

Supplementary Information Form

Child's	Surname:	Year:		
Child's	Christian names:	Date Application received:		
Date o	f Birth: Boy / Girl:	······		
Child's Address:				
Post Code:				
Home Telephone No: Mobile No:				
Parent's Surname:				
Parent's Christian Name:				
Address of a Parent (if different to child):				
the re	rify your faith and to enable Governors to apply overs st of this form should now be completed by ticking th nent(s) relating to your child.	-		
2.	The child's parent is a <u>communicant</u> member of the Church of England or a church that is a member of "Churches Together in England" or the Evangelical Alliance and has attended worship at least twice per calendar month for the past 2 years or child has been admitted to communion in the Church of England before confirmation			
		nclosed / to follow elete as appropriate)		

4.	A. The child's Parent has attended worship at	Church
	B. The child's Parent has attended worship at Place of worship (e.g. mosque/temple)	
	i. twice per calendar month for past 2 yearsii. twice per calendar month for past 1 year	
	Evidence from Vicar/Minister/Faith Leader is: enclosed / (delete as a	to follow ppropriate)

Notes:

Please note: In the event that during the period specified for attendance at worship the church [or, in relation to those of other faiths, relevant place of worship] has been closed for public worship and has not provided alternative premises for that worship, the requirements of these [admissions] arrangements in relation to attendance will only apply to the period when the church [or in relation to those of other faiths, relevant place of worship] or alternative premises have been available for public worship".

With regard to statements 2 and 4 above please refer to the School Admission Policy on the school's website: www.hucknallnationalce.notts.sch.uk regarding Definition, Interpretation and Evidence.

The Supplementary Information form and the Place of Worship Reference Form must be returned to school prior to the admission closing date.

Parents will be sent the outcome of their application on the national offer day in April.

I apply for a place for my child in accordance with the admission arrangements as published by the school governors.

SIGNED :.....Parent

DATED :....



Hucknall National Primary School

Place of Worship Reference Form

Child's Full Name: Date of Birth:

Definition and Interpretation (as published in the School's Admission Policy)

Please note: In the event that during the period specified for attendance at worship the church [or, in relation to those of other faiths, relevant place of worship] has been closed for public worship and has not provided alternative premises for that worship, the requirements of these [admissions] arrangements in relation to attendance will only apply to the period when the church [or in relation to those of other faiths, relevant place of worship] or alternative premises have been available for public worship".

<u>Communicant</u> member of the Church of England or another church listed in category 2 in the school prospectus, means a person who is baptised, is actively involved in the life of the church and has declared him/herself to be a member and is receiving communion as practised in that church.

Evidence

Applications made in accordance with Criteria 2 and 4 are required to include <u>written</u> confirmation from their Vicar/Minister or faith leader, that the criteria are satisfied. This evidence must be received in school before the admission closing date.

This section to be completed by Vicar/Minister/Faith Leader

I confirm that : (full name of parent)			
has attended : (name of Church/Place of worship)			
As a <u>communicant</u> member, attending at least twice per calendar month for the past 2 years , and/or child admitted to communion in the Church of England before confirmation			
For worship at least twice per calendar month for the past 2 years			
For worship at least twice per calendar month for the past 1 year			
(tick box if stateme	ent applies)		
Signature: Print Name:			
Date:			

Please return this form to the school **prior to the admission closing date.** Your time spent completing this form is sincerely appreciated.