



## Supplementary Admissions Information Form

This form is for applicants who wish church commitment to be taken into consideration as part of their application. 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 it to the Samworth Church Academy.

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I have completed this supplementary form in good faith and am aware that the offer of a place may be withdrawn, if any information is found to be fraudulent or potentially misleading.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

**\*\* In the event that during the period specified for attendance at worship the church 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 alternative premises have been available for public worship**

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

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

**Child**

**Parent**

Yes  No

Yes  No

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

**Child**

**Parent**

Yes  No

Yes  No

Church/Parish: \_\_\_\_\_

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Church Position/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Contact details:

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

**When PART TWO of this Supplementary Information Form has been completed, please return it to the office at Samworth Church of England Academy.**