

Supplementary Information Form

This form is for applicants who wish church commitment to be taken into consideration as part of their admissions application. The Supplementary Information Form must be completed **in addition** to the Local Authority's application form. Please complete and sign the form below and return it to the office at **Linby cum Papplewick CofE Primary School**.

PART ONE – To be completed by a parent/carer:

Surname of child: _____ Date of birth: _____

Christian / Forename(s) of child: _____

Parent or Carer's Full Name: _____

Contact Information:

Home address: _____

Postcode: _____

Tel No's: 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 revoked if any misrepresentation comes to light.

Signature: _____ Date: _____

Please take this form to a recognised leader in your Church or place of worship, so that they can verify your faith commitment in the section below.

PART TWO – To be completed by a recognised leader of the Church or Place of Worship:

Measurement of Attendance:

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”.

In relation to admissions oversubscription criteria no. **2**, Please confirm if the above parent is:

a regular worshipper of St. Michael's Linby or St. James' Papplewick (regular worshipper means a parent/guardian who has attended worship at least twice per month throughout the previous year)

Yes No

In relation to admissions oversubscription criteria **4a and 4b**, please confirm if the above parent has attended worship atChurch
or a Place of Worship (eg.Mosque/temple)

(regular worshipper means a parent/guardian who has attended worship at least twice per month throughout the previous year)

Church/Place of Worship: _____

Signature: _____ Print name: _____

Role in Church or Place of Worship: _____

Date: _____

Contact details:

Tel: _____ Email: _____

When PART TWO of this Supplementary Information Form has been completed, please return it to the office at Linby cum Papplewick C of E Primary School.