

## 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 **Harworth Church of England Academy**.

### 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: \_\_\_\_\_

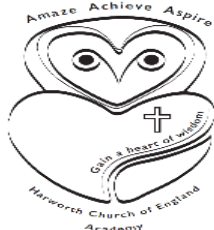
Tel No's: Home: \_\_\_\_\_ Work: \_\_\_\_\_

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/Parish, for example a Church Warden, so that they can verify your church commitment in the section below.**



**PART TWO – To be completed by a recognised leader of the Church/Parish:**

Please confirm if the above parent/carer is:

A practicing member of your church who has attended at least once a month for the last year, prior to the date of application. Please include week-day worship.

**Parent/carer:**

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 Harworth Church of England Academy, Scrooby road Harworth, Doncaster. DN11 8JT or email [office@harworth.smat.org.uk](mailto:office@harworth.smat.org.uk)**