

**St Margaret’s Church of England Academy**

**Supplementary Information Form**

**(Christian Faith)**

This form should be completed for any child who wishes to apply for a place at St Margaret’s based on Christian faith. Not filling in this form could decrease the applicant’s chances of success. Those wishing to apply for a place in Year 7 based on Christian faith should:

* complete parts **1**, **2**, and **3** of **Section A**, and sign at **part 4**; and
* pass this form to a faith leader, asking them to complete **Section B** **part 5** and to return the whole form to the Admissions Clerk at St Margaret’s Academy by **31st October 2024**.

Those wishing to apply for a place in any other year, or at any other time, should complete this form and return it at the time of their application.

This form should be read alongside St Margaret’s Admissions Policy (available on our website).

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| ***Section A: All Applicants*** | | | | | | | |
| **1** | Please give the following information about the child. If he lives at more than one address, please refer to the school’s Admissions Policy, which gives details about which address should be given here. | | | | | | |
| Child’s surname: |  | | | | | |
| Child’s first name(s): |  | | | | | |
| Child’s date of birth: |  | | | | | |
| Child’s address:  Postcode: |  | | | | | |
|  | | | | | |
| **2** | Please give the following information about an adult with parental responsibility for the child. If a second adult also has parental responsibility for the child, their details may be given in the second column. | | | | | | |
| Parent’s surname: |  |  | | | | |
| Parent’s title (Mr/Ms *etc*): |  |  | | | | |
| Parent’s first name(s): |  |  | | | | |
| Parent’s address: |  |  | | | | |
| Postcode: |  |  | | | | |
| Parent’s contact numbers: |  | | | | | |
| Daytime/Evening |  |  | | | | |
| Mobile |  |  | | | | |
|  | Parent’s email address: |  |  | | | | |
| **3** | Is the child a Looked After Child (see Admissions Policy for details)? | | | **Yes** |  | **No** |  |
| Does the child have an Education Health Care Plan that names St Margaret’s as the only school he can attend? | | | **Yes** |  | **No** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| ***Parental signature*** *(to be signed by the parent named in the first column of part 2)*  To be signed **in all cases**. | | | | | | |
| **4** | I certify that the information above is accurate. | | | | | |
| Signature: |  | Please print name: |  | Date: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Section B: Applications on the basis of Christian Faith***  **Question 5 must be completed by the leader of the church attended** (normally the priest in charge). | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **5** | **Christian applications** | | | | | | | | | | | | | | | |
| Name, address and postcode of church: | | | | |  | | | | | | | | | | |
| Name of church leader completing this form: | | | | |  | | | | | | | | | | |
| Position in church: | | | | |  | | | | | | | | | | |
| Address of the church leader completing this form:  Postcode and contact number: | | | | |  | | | | | | | | | | |
|  | | | | |  | |  | | | |
| **5.1** | What **denomination** is this church? | | | | | | | | | | |  | | | |
| **5.2** | **Parental Church attendance**  How often has a parent/carer of the child named overleaf attended a regular service at this church? *Please place a tick in each row to indicate which descriptor best described their attendance.* | | | | | | | | | | | | | | |
|  | | | Number of attendances per month | | | | | | | | | | |  |
| 4+ | 3 | | | 2 | | 1 | Occasional only | | | None |
|  | **2024 to date** | |  |  | | |  | |  |  | | |  |
| **2023** | |  |  | | |  | |  |  | | |  |
| **2022** | |  |  | | |  | |  |  | | |  |
|  | | | | | | | | | | | | | | |
| **5.3** | Please state the **name** and **relationship to the child** of the parent or carer in respect of whom you have answered part **4.2**. | | | | | | Name: | | | | |  | | | |
| Relationship to child: | | | | |  | | | |
| **5.4** | **Child Church attendance**  How often has the child named overleaf attended a regular service at this church?  *Please place a tick in each row to indicate which descriptor best described their attendance.* | | | | | | | | | | | | | | |
|  |  | | Number of attendances per month | | | | | | | | | | |  |
| 4+ | 3 | | | 2 | | 1 | Occasional only | | | None |
| **2024 to date** | |  |  | | |  | |  |  | | |  |
| **2023** | |  |  | | |  | |  |  | | |  |
| **2024** | |  |  | | |  | |  |  | | |  |
|  | | | | | | | | | | | | | |
| **Signature**  **(of church leader):**  **Please note: ‘pp’ and digitised signatures will not be accepted** | | |  | | | Please print name: | | |  | | | | Date: |  | |
| This form may be **stamped** with a church stamp or accompanied by a sheet of **church headed notepaper**  (see Page 3 of our Admissions Policy). | | | | | | | | | | | | | | | |