

## 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 **Hucknall National C of E 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 **communicant** 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 twice per calendar month, for two years immediately prior to the date of application. Please include week-day worship.

Yes   No

Please confirm if the above child has been admitted to communion, in the Church of England, before confirmation.

Yes   No

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

Frequency of attendance:-

i) twice per calendar month, for two years immediately prior to the date of application

Yes  No

ii) twice per calendar month, for one year immediately prior to the date of application

Yes  No

\_\_\_\_\_



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 Hucknall National C of E Primary School.**

