



HOLY TRINITY C.E. SCHOOL  
 Dartmouth Road London SE23 3HZ  
 0208 699 9023



Please give your Priest/Minister/Pastor a stamped addressed envelope for the return of the form (all forms must be returned by 15<sup>th</sup> January 2017)

**SUPPLEMENTARY INFORMATION FORM**

Parents/Carers should fill in this form **only** if they are applying for a place under criterion 4 (a), (b) or (c). The completed form should be returned direct to the School by the closing date. Failure to return this form will result in any Application being considered under the “non-church” criteria.

You should ensure that you have a copy of the Admissions Policy prior to completing the form and returning it to the School on **15 January 2017**. You must also complete the Common Application Form available from your home Local Authority and name this School on that form. The Common Application Form should be returned direct to your home Local Authority.

**NB: Parents should only complete this form if they are applying for place under the Church criteria.**

SECTION A is to be completed by the Parent/Carer

Please fill all information in **BLOCK CAPITALS**.

CHILD'S FIRST NAME .....	Male/Female .....
CHILD'S SURNAME .....	
CHILD'S DATE OF BIRTH..... YEAR GROUP/ CLASS APPLYING FOR.....	
PARENT(S)/LEGAL GUARDIAN'S NAME .....	
ADDRESS .....	
.....	

NAME OF CHURCH .....
NAME OF PRIEST/MINISTER/PASTOR .....
ADDRESS .....
.....
TEL. NO. ....
<b>If you have worshipped for less than one year at your current church please supply the name and address of your previous Church and Minister below, in addition to your current Minister above.</b>

**SECTION B** is to be completed by the Parish Priest, Minister or Pastor of the Church you attend. After completion the Priest, Minister or Pastor should send the form directly to the School.

**NOTE FOR CLERGY:**

We try to carry out the difficult task of determining Applications for Admission with as much fairness and understanding as we can and appreciate your help. We would ask that you complete the questions below as fully as possible. Please would you then send the form directly to the Head Teacher to enable the application to be considered against the criteria set down in the School's Admissions Policy.

**TO BE FILLED IN BY PARISH PRIEST, MINISTER OR PASTOR**

The information that you supply will be used to help the Admissions Panel decide if a place may be offered to the child named overleaf. The information is confidential, but may be seen also by the Appeals Panel in the event of an Appeal.

Does the Parent/Carer attend Church worship at least fortnightly  Yes  No

Has the Parent/Carer worshipped in your Church for at least one year?  Yes  No

Are there any particular circumstances that the Governors should take into account, e.g. if Church attendance has been less than fortnightly because the Applicant is looking after an elderly relative, or for some other valid reason. If so please give brief details below.

Signature of Priest/Minister/Pastor .....Date.....

Church stamp .....  
(if the Church does not have an official stamp please also provide a signed letterhead)

Is your Church a member of the Evangelical Alliance, Churches Together in England, or Affinity?  
Yes/No. If yes please state to which your Church is a member:

.....

and your Registration No.....