



All Saints C of E (Aided) Infant School

Supplementary Information Form

This form is for applicants who wish church or faith 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 school office

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 commitment in the section below.



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

Please Note: In the event that during the period specified for attendance at worship the church, or in relation to those of other faiths, the relevant place of worship has been closed for public worship and has not provided alternative premises for that worship, the requirement 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.**

a) All Saints Church, Huthwaite (oversubscription criterion 2 & 5)

Please confirm if the above parent/carer is:-

i) a regular worshipper '**at the heart of the church**' who has worshipped at least twice a month for 24 months prior to the date of application. Please include week-day worship.

Yes No

ii) '**attached to the church**' worshipping at least once a month for 24 months prior to the date of application. Please include week-day worship.

Yes No

b) Churches Together in England or Evangelical Alliance (oversubscription criterion 3 & 6)

Please confirm if the above parent/carer is:-

i) a regular worshipper '**at the heart of the church**' who has worshipped at least twice a month for 24 months prior to the date of application. Please include week-day worship.

Yes No

ii) '**attached to the church**' worshipping at least once a month for 24 months prior to the date of application. Please include week-day worship.

Yes No

c) Other Faiths (oversubscription criterion 7)

Please confirm if the above parent/carer is:-

i) a regular worshipper '**at the heart of the faith community**' who has worshipped at least twice a month for 24 months prior to the date of application. Please include week-day worship.

Yes No

ii) '**attached to the faith community**' worshipping at least once a month for 24 months prior to the date of application. Please include week-day worship.

Yes No



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Church/Place of Worship:

Signature: _____ Print name:

Position or Title in Church/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 Huthwaite All Saints C of E (Aided) Infant School.

The School Office, All Saints C of E Infant School, Common Road, Huthwaite, Nottinghamshire, NG17 2JR. Tel: 01623 459199. Email: office@huthwaite.snmat.org.uk