



## Supplementary Information Form For Admission to Reception or In-Year Transfer

Surname of Child: _____	First Name of Child: _____
Date of Birth of Child: _____	
Name(s) of Parent(s): _____	
Home Address: _____	
_____	Post Code: _____
Home Telephone Number: _____	
Mobile Telephone Number: _____	
Email address: _____	

**Foundation Places** If, after considering the St Thomas' CE Primary School admissions criteria, you feel that you have a Christian religious affiliation that will support your child's admission application, **please complete the sections overleaf** and ask your vicar to complete the reference section at the bottom.

For office use only: Office staff initials _____	Date received: _____
--	----------------------

# Foundation Place – Supplementary Information Form

To which denomination of faith does the applicant belong?

\_\_\_\_\_

Name of Church/Place of Worship: \_\_\_\_\_

Address:

\_\_\_\_\_ Post Code \_\_\_\_\_

Name of priest/Minister \_\_\_\_\_

Is your church/Place of Worship a member of (please tick):

Churches Together in Britain and Ireland

Churches Together in England  The Evangelical Alliance

Membership number/Reference: \_\_\_\_\_

## Vicar's Reference – this section must be completed by the applicant's Vicar/Minister

How often does the applicant attend church? (Specifically how many times per month in school term time over the past year?)

\_\_\_\_\_

How long has the applicant been attending your church?

\_\_\_\_\_

I confirm that the information contained on this form is true.

Signature of priest

Print name

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Date \_\_\_\_\_

Church stamp or confirmation on headed paper (essential):