

The Diocese of Leeds



# **St Chad's Church of England Primary School**

Northholme Avenue, West Park, Leeds, LS16 5QR

Executive Headteacher: Mrs H L Pratten

Tel: 0113 274 7110

**Supplementary Information Form**

*for entry to the school in  
September 2018*

**Child's Full Name:** \_\_\_\_\_

**Sex:** Male / Female      **Date of Birth:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Contact Details:**

**Home Tel:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

The Governors have a difficult task in deciding which child should be offered a place at the school. This form is designed to help us make that decision and should be read in conjunction with the criteria for admission published in the Education Leeds handbook and also available from the school. **All applicants should fill in sections 1, 2, 3 and 4 as fully as possible. They should then ensure their vicar / minister of religion completes section 5, before returning the form to school.**

**1.** Please list here any brother or sister who will be at St Chad's in Years 1 to 6 in **September 2017** (full name and year please);

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.....

2. Attendance of parent/s at worship: please tick the box which you think best describes your situation;

[    ]      *Worships regularly at the Place of Worship: An applicant would be considered a regular worshipper, where they normally attend worship at least monthly. To accommodate difficult patterns of work and family relationships account will be taken of week-day worship.*

For how long?

[    ] more than 2 years                      [    ] less than 2 years

3. Please indicate which church or place of worship you usually attend:

Your church or place of worship's name:

\_\_\_\_\_

Address: \_\_\_\_\_

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

Your Religious Denomination (ie, Christian, Muslim etc) : \_\_\_\_\_

4. Please give the name and address of your vicar/minister or other appropriate person to whom reference can be made to verify the information, if required, given in section 2.

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ *Parent/Guardian*    Date: \_\_\_\_\_

**IMPORTANT PLEASE NOTE: It is YOUR responsibility to ensure that the back page of this form is completed and authenticated by your faith group leader before returning it to school. *Thank you***

**CONFIDENTIAL**

**5. FOR CLERGY USE ONLY:**

The parents have nominated you to verify the information on this supplementary information form. Would you please complete the sections below;

***a) Can you confirm to the best of your knowledge that the answers given in section 2 are correct?***

Yes / No

If no, please indicate below any information which may assist the Governors;

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***b) Can you confirm that the church or place of worship given in Section 3 is the applicant/child's normal place of worship?***

Yes / No

If no, please indicate below any information which may assist the Governors;

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Signed: \_\_\_\_\_ ***Vicar/Minister of Religion***

***IMPORTANT: Please also make sure you either stamp the form with the church or faith community's official stamp, or you attach a signed sheet of the church's or faith community's official letter-headed paper. This will help to authenticate the reference. Please return to the applicant. Many thanks***

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

***For Parents/Guardians:*** please return this form to **Katy Dixon**, School Administrator, St Chad's C of E Primary School, Northolme Avenue, West Park, Leeds, LS16 5QR. **Closing date for receipt is 15<sup>th</sup> January 2018.**