## The Diocese of Leeds

## St Chad's Church of England Primary School

Northolme Avenue, West Park, Leeds, LS16 5QR

Tel: 0113 274 7110

## **Supplementary Information Form**

for entry to the school in September 2025

Child's	Full Name:						
Sex:	Male / Female	Date of Birth:					
Parent,	/Guardian Name:						
Home	Home Address:						
		Postcode:					
Contac	t Details:						
Home	Tel:	Mobile:					
E-Mail	Address:						
This fo	rm is needed to allow t	he Governors to rank all applications against the					

This form is needed to allow the Governors to rank all applications against the admissions criteria and should be read in conjunction with the criteria for admission contained in our Admissions Policy.

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.

<ol> <li>Attendance of parent/s at worship: please tick the box which you think best describes your situation;</li> </ol>
[ ] Worships regularly at the Place of Worship: An applicant would be considered a regular worshipper where they worship at least twice a month for at least one year immediately preceding the date of application. To accommodate difficult patterns of work and family relationships account will be taken of weekday worship. The worshipper will be one or more parents.
Please note: In the event that during the period specified for attendance at worship the church 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 alternative premises have been available for public worship.
For how long?
[ ] more than 1 years [ ] less than 1 years
2. 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 (i.e. Christian, etc.) :
<b>3.</b> 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: Please only complete the reference on the back page of this form if your regular place of worship named above is a Christian church – the reference is <u>not required</u> if you worship regularly at another place of worship, for example, at a temple or mosque. It is the responsibility of <u>Parents/Guardians</u> to ensure, where required, that the back page of this form is completed and authenticated by your Vicar/Minister of Religion before returning it to school. <i>Thank you</i>

## **CONFIDENTIAL**

Print Name:\_

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NOTE: Please only complete this form if the regular place of worship named overleaf is a Christian church – a reference is not required where the parents regularly attend another place of worship, for example, a temple or mosque.

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
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
Signed:Vicar/Minister of Religion
<u>IMPORTANT:</u> 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 (original not a photocopy). This will help to authenticate the reference. Please return to the applicant. Many thanks

**For Parents/Guardians:** please return this form to School Administrator, St Chad's C of E Primary School, Northolme Avenue, West Park, Leeds, LS16 5QR.

Date:

Closing date for receipt is 15th January 2025