

Your Child's Details

Hormead First and Nursery School



Supplementary Information Form

The purpose of the Supplementary Information Form is to verify the Christian commitment of the parent(s) applying for a place at a voluntary aided Church of England school. This form should be completed if you want your application to be considered using the Christian commitment oversubscription criteria of the school admissions policy. Failure to complete this form may affect the oversubscription criterion in which your child is placed.

Name of Child (in full)	
Date of Birth	Male/Female (delete as appropriate)
Applicant Details	
Mr/Mrs/Miss/Ms/Other	Name
Address	
Post Code	Telephone Number
Relationship to child	
Please state under which category of the Admissions Po	olicy you are making this application.
Categories:	
 Children Look After Siblings Living within the Ecclesiastical Parish Living in the Benefice Attend public worship at any CofE church Attend public worship at any Christian Church Any other children 	
Further Information Applications for Looked After Children will need to prov	vide confirmation that they are in public care.
Applications under Category 3 should note here sibling	's details:
Siblings Full Name	Date of Birth
Address if different from above	
I confirm that the information I have given on this form	is correct
Signed (signature not required if returning by e-mail	Full Name

Please note that the commitment to a Christian Place of Worship form needs to be competed if applying under categories

5 and 6, return it to school.

Applying under Category 5 and 6



Hormead First and Nursery School

Commitment to a Christian Place of Worship



Name of applicant for a place at Hormead First School		
Name of Church attended by parents/carers		
Address of Church		
I confirm that	has attended regularly (at least once a month for the past	
year) at		
Signed	Priest/Minister	
Name	Address	
Date Conta	act telephone number	

Further statement if more than one church attended in the past year.		
Name of Church attended by parents/carers		
Address of Church		
I confirm that	has attended regularly (at least once a month for the past	
year) at		
Signed	Priest/Minister	
Name	Address	
	act telephone number	