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| **ALL SAINTS’ CE PRIMARY SCHOOL**    **APPLICATION FOR ADMISSION SUPPLEMENTARY INFORMATION FORM**      **Parents are responsible for completing both sides of this form where applicable**    To be completed by the parents/carers of the child.     |  | | --- | | Name of Child:    Date of Birth: |      |  | | --- | | Family Address:      Telephone Number: |      |  | | --- | | Parents’/Carers’ Names: |     In order that your application can be assessed in line with the school’s Admission Policy, please answer the question and sign below:     |  | | --- | | I/We are registered as members of the following Church: |      |  | | --- | | We have worshipped there since: |      |  |  |  | | --- | --- | --- | | We worship (please tick) | Weekly | Priority 1 | | We worship (please tick) | Fortnightly | Priority 2 | | We worship (please tick) | monthly | Priority 3 |      |  | | --- | | Signatures of Parents/Carers:          Date: | |
| **To: Mrs Helen Dunn, Headteacher**  **ALL SAINTS’ CE PRIMARY SCHOOL**  **Easby Drive, Ilkley, LS29 9BE**  **Tel: 01943 607852**     |  | | --- | | From: (Clergy Name)    Church:    Address:        Telephone: |     APPLICANT FOR ADMISSION TO ALL SAINTS’ CE PRIMARY   |  | | --- | | Name of Child: |     Dear Mrs Dunn,    The parents/carers of the above-named child have asked that I support their application for admission of their child to the school. This I am willing to do and confirm that they have ticked the correct frequency of involvement with the church.     |  | | --- | | Other comments: |     To the best of my knowledge the information they have given is correct.    Yours sincerely,     |  | | --- | | Signed:    Date: | |