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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:  |

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