

SUPPLEMENTARY INFORMATION FORM FOR ADMISSION TO
RECEPTION CLASS SEPTEMBER 2024
ST. MARY'S C.E. PRIMARY SCHOOL, HIGH CROMPTON



The responsibility for returning the completed form to school rests with the parent or legal guardian.

PART A - To be completed and signed by the Parent or Legal Guardian

Child's Surname.....

Child's Forename/s.....

Date of birth Gender

Parent/Legal Guardian/s' Names

Address.....

..... Post Code

Contact Number (between the hours of 9am to 4pm)

Does the child in question or a parent/legal guardian, or sibling have a medical/social condition that can only be met at St Mary's C. E. Primary School High Crompton? YES NO

(see explanatory note 'b' of the School Admissions Policy)
If yes, separate documentary evidence must be provided to the school.

Has your child a sibling who will be on roll at St Mary's C. E. Primary School High Crompton on the date of admission? YES NO

(see explanatory note 'c' of the School Admissions Policy)

If yes, siblings' name and date of birth

Church Attendance
Please read the guidance on the next page
If you would like your application to be considered under criteria 4, 5 or 7 of the School Admission Policy please arrange for the remainder of this form to be completed by your vicar/ minister/ priest/pastor/or leader of worship. (If you have attended at more than one church then please arrange for a form to be completed and signed by a leader of worship from **each** church)

Data Protection (GDPR)
All information provided will remain confidential and will be used solely by the School Governing Body for the school admission process. The information is not shared with any third party except in the event of an appeal. Supplementary Information forms are held confidentially and securely in the School Office. If the child is admitted to the school the form is added to the pupil record and retained whilst the child is at the school. If the child is not admitted then this form will be retained for a period of one year from the closing date of applications then securely destroyed (shredded).

Signed.....Parent/Legal Guardian Date.....

PLEASE RETURN TO SCHOOL BY 15 JANUARY 2024 – YOU MUST OBTAIN A RECEIPT

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PART B – To be completed by the vicar/minister/priest/pastor or leader of worship at the church you have attended

Child's Name		Date of Birth.....	
Child's Address			
Name of place of worship regularly attended by one of the parents/legal guardians and the child			
Address.....			
Please answer the 2 questions below by ticking one box and initial at the side of the tick so that there can be no misunderstanding. Please do not amend the statements in any way.			
1) Which of the categories most closely describes the applicant?			
Members of St Mary's Church High Crompton, Holy Trinity Shaw or Thornham St James		<input type="checkbox"/>	
Members of another Anglican Church		<input type="checkbox"/>	
*Members of a Christian church of another denomination		<input type="checkbox"/>	
*Christian church means any church which is designated under the Ecumenical Relations Measure nationally by the Archbishops of Canterbury and York or locally by the diocesan bishop, or is a member of Churches Together in England, or the Evangelical Alliance, or a partner church of Affinity. The list of nationally Designated churches can be found at https://www.churchofengland.org/sites/default/files/2019-12/Designated%20Churches.pdf			
2) Have one parent/legal guardian and the child attended public worship at church during the year 1 December 2022 – 30 November 2023?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40 plus weeks during the 12 month period	25 - 39 weeks during the 12 month period	10-24 weeks during the 12 month period	
To be signed by vicar, minister, priest, pastor or leader of worship at the church(es) you have attended			
Signed.....			
Print Name			
Position in church.....		Date	
To be signed by parent/legal guardian			
Signed.....			
Print Name.....		Date.....	
For School use only			
Date completed form received		Receipt issued	

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