**St. Peter’s C of E Primary School**

**SUPPLEMENTARY INFORMATION FORM**

**PART A**

**To be completed by the parent**

St Peter’s C of E Primary School is a Voluntary Aided school. The governing body of a Voluntary Aided school is the admission authority and has responsibility for setting the admission policy.

If there are more applications than there are places, the governing body will prioritise applications where evidence can be provided that one of criteria 5 or 6 has been met. If you wish your child to be considered under these religious grounds, please complete this form and return it to the school by the closing date of **15 January.**

For the purposes of assessing eligibility to education transport on faith grounds, information on this form may be used to confirm that your application for a place at the school was on religious grounds.

Once you have completed Part A, please pass the form to your priest, minister, faith leader or

Once you have completed Part A, please pass the form to your priest, minister, faith leader or church official who should complete Part B and return it to the school. Only where both parts are returned by the closing date of **15 January** can this information can be considered as on time by the governing body and your application prioritised accordingly. Failure to return this form may result in any application being considered under the “non church” criteria.

**You must, in all instances, complete a Local Authority Common Application Form and return that to the Local Authority by 15 January for it to be considered as on time.**

**Name of child**:

Surname . . . . . . . . . . . . . . . . . .. . . . . . . . . . . First names . . . . . . . . . . . . . . . . . . . . . . . . . .

Date of birth . . . . . . . . . . . . . . . . . .

**If you are applying to this school on faith grounds, please complete the following sections:**

**Place of worship**

Name of place of worship . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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**Name of vicar / priest / minister / faith leader / church officer**:

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Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Post code . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Telephone . . . . . . . . . . . . . . . . . . .

Email address:

Please place a tick in the box which describes your circumstances:

|  |  |
| --- | --- |
| criterion  | 1. **Children who live outside the school’s designated area, whose parents are regular attenders of St Peter’s Church, Budleigh Salterton.** |
| criterion  | 1. **Children who live outside the school’s designated area, whose parents are regular attenders of a Christian Church.** |

I confirm that I have submitted a Local Authority Common Application Form for the child named above.

Your name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date . . . . . . . . . . . . . . .

**Please take or send this form to your vicar, priest, minister, faith leader or church officer so that they can complete Part B by way of verification of the information you have provided.**

**St. Peter’s C of E Primary School**

**SUPPLEMENTARY INFORMATION FORM**

**PART B**

**To be completed by vicar / priest / minister / faith leader / church officer**

The parent whose details appear in Part A of this form has given your name as a reference for his/her commitment to your church/place of worship. We ask that you confirm your knowledge of this child or family in relation to the faith criterion/criteria below.

|  |  |
| --- | --- |
| criterion  | 1. **Children who live outside the school’s designated area, whose parents are regular attenders of St Peter’s Church, Budleigh Salterton.** |
| criterion  | 1. **Children who live outside the school’s designated area, whose parents are regular attenders of a Christian Church.** |

Signed . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date: . . . . . . . . . . . . . . . . .

Position . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Church/place of worship . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Please return this form to the school by **15 January**.

Thank you for your assistance in completing this Supplementary Information Form.