Supplementary Information Form

This form is for applicants who wish church commitment to be taken into consideration as part of their admissions application. The Supplementary Information Form must be completed **in addition** to the Local Authority's application form. Please complete and sign the form below and return it to the office at **Worksop Priory Church of England Primary Academy.**

PART ONE – To be completed by a parent/carer:

Surname of child: _____ Date of birth: _____

Christian / Forename(s) of child: _____

Parent or Carer's Full Name: _____

_____

Contact Information:

Home address:_____

_____ Postcode: _____

Tel No's: Home: _____ Work: _____

Mobile: _____ Email Address: _____

I have completed this supplementary form in good faith and am aware that the offer of a place may be revoked if any misrepresentation comes to light.

Signature: _____ Date: _____

Please take this form to a recognised leader in your Church/Parish, for example a Church Warden, so that they can verify your church commitment in the section below.

PART TWO – To be completed by a recognised leader of the Church/Parish:

Please Note - Measurement of Attendance
**** In the event that during the period specified for attendance at worship the church has been closed for public worship and has not provided alternative premises for that worship, the requirements of these [admissions] arrangements in relation to attendance will only apply to the period when the church or alternative premises have been available for public worship.**

Please confirm if the above parent is:

A regular worshipping member of the Church of England in either of the Worksop Priory Congregations (Priory Church and Clumber church) who has attended at least twice a month every month, for a year immediately prior to the date of application. Please include week-day worship.

Parent/carer:

Yes ☐ **No** ☐

Or

Please confirm if the above parent is:

An active member of a Church who is a member of 'Churches Together in England' who has attended at least twice a month, every month, for a year, immediately prior to the date of application. Please include week-day worship.

Parent/carer:

Yes ☐ **No** ☐

Church/Parish: _____

Signature: _____ Print name: _____

Church Position/Title: _____ Date: _____

Contact details:

Tel: _____ Email: _____

When PART TWO of this Supplementary Information Form has been completed, please return it to the office at Worksop Priory Church of England Primary Academy.