



ALL SAINTS' C OF E 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 M Robinson, Headteacher
ALL SAINTS' C OF E PRIMARY SCHOOL
Easby Drive, Ilkley, LS29 9BE
Tel: 01943 607852**

From: _____ (Clergy Name)

Church:

Address:

Telephone:

APPLICANT FOR ADMISSION TO ALL SAINTS' C OF E PRIMARY

Name of Child:

Dear Mrs Robinson,

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: