



**PART A**

**DEADLINE FOR RETURN: 31 October 2016**

Please print in BLOCK CAPITALS and return to Bradford Forster Academy reception or post to:  
Bradford Forster Academy, Attn: Miss Claire Wright, Fenby Avenue, Bradford, BD4 8RG  
EMAIL: [info@bradfordforsteracademy.co.uk](mailto:info@bradfordforsteracademy.co.uk)

**APPLICANT (STUDENT) DETAILS**

Surname: .....

Forename: .....

Date of birth: ...../...../.....

Gender: Male/Female

Student's address: .....

Postcode: .....

Telephone no: .....

Sibling at Bradford Forster Academy: Yes  No

**PRESENT SCHOOL**

Name of present school .....

Please indicate which local authority if not Bradford .....

**PARENT/CARER CONTACT DETAILS**

Name: (Mr/ Mrs/ Miss/ Ms / Dr).....

Home No: .....

Mobile No: .....

Email: .....

**FAITH INFORMATION**

Please indicate Christian or other Faith .....

Place of worship .....

Attends on average twice a month Yes  No

Attached written reference from a religious leader Yes  No

Applications must be supported by a written reference from a Minister of Religion. There is no minimum qualifying period of attendance.

**PLEASE SIGN AND DATE THE DECLARATION BELOW.**

I have read a copy of the admissions policy. I understand that failure to disclose any information, or provision of false information, may result in a place being withdrawn should it be offered.

Parent/Carer Signature .....

Parent/Carer name (please print) .....

Date: ...../...../.....



**PART B**

**DEADLINE FOR RETURN: 31 October 2016**

**REQUEST FOR RELIGIOUS LEADER'S REFERENCE**

**PLEASE RETURN THIS FORM TO:**

**POST:** Bradford Forster Academy, Attn: Miss Claire Wright, Fenby Avenue, Bradford, BD4 8RG  
**email:** info@bradfordforsteracademy.co.uk

**Name and address of family making application:**

Name of Child	
Name of Parent/Carer	
Address	

The family (Parent/Carer) named above have made a secondary application for admission to Bradford Forster Academy on the basis of Faith commitment. In order for us to consider this application on the basis of faith commitment we would ask that you provide the school with the following information.

1. What is the name of place of worship? \_\_\_\_\_
2. Is the above child or family (Parent/Carer) a member of your church/ place of worship?  
 Yes  No
3. Is their attendance at worship (There is no minimum qualifying period for attendance).  
 Fortnightly  Monthly  Less

**Thank you for completing this form, please sign and return to Bradford Forster Academy**

Name: ..... Position: .....

Signed: ..... Contact no: .....

Date: .....

<b>FOR OFFICE USE ONLY</b>
RECEIVED BY: ..... DATE: ...../...../.....