

SUPPLEMENTARY INFORMATION FORM FOR ENTRY INTO

IDLE CHURCH OF ENGLAND VOLUNTARY AIDED PRIMARY SCHOOL

TO BE COMPLETED BY PARENT / GUARDIAN and returned directly to:

Idle Church of England Voluntary Aided Primary School, Boothroyd Drive, Idle, Bradford BD10 8LU

YOUR CHILD: Full Name:..... Sex (M/F)

Date of Birth:.....

Permanent Address:.....
.....
.....

Tel Number:..... Mobile:.....

BROTHERS OR SISTERS ATTENDING IDLE CHURCH OF ENGLAND VOLUNTARY AIDED PRIMARY SCHOOL ON THE EXPECTED DATE OF ADMISSION:

Do you have a child at school: YES/NO

Name:..... Class.....

Name:..... Class.....

LINKS WITH THE CHURCH: Please complete if applying for a place under Category 3 (Church Places)

Your religious denomination.....

Your Church's name and address:.....

What are your child's links with this church?.....

What are your links with this church?.....

The Governors Admission Committee will use the above information and the Confidential Church reference to assist them in their decision making process and may contact your Minister or Vicar for verification.

I would like to apply for my child to be admitted to Idle Church of England Voluntary Aided Primary School in the Academic Year beginning September 2021.

Signed:.....Parent/Guardian

Date:.....

CONFIDENTIAL CHURCH REFERENCE

ONCE COMPLETED, YOUR CHURCH MINISTER SHOULD RETURN THIS FORM DIRECTLY TO:-

Idle C of E (A) Primary School, Boothroyd Drive, Idle, Bradford, BD10 8LU

(NB: It is the parent’s responsibility to ensure that the minister has returned the form to school and the school is in receipt of the completed form before the national closing date)

SECTION 1 – To be completed by Parent / Guardian

Child’s Full Name.....

Parent’s / Guardian’s full name (s).....

Address and contact telephone number.....

Please indicate as appropriate

Over a minimum period of the last 2 years*³, our FAMILY including the above CHILD has attended*^{1*2}:

| | | | | | |
|------------------------|---|--|--|---|--|
| Church Services | Frequently (Twice a month) <input type="checkbox"/> | Regularly (Monthly) <input type="checkbox"/> | Other Christian worship based activity organised by the church. Activity Name | Frequently (Twice a month) <input type="checkbox"/> | Regularly (Monthly) <input type="checkbox"/> |
|------------------------|---|--|--|---|--|

SECTION 2 – To be completed by Church Minister.

Please tick the appropriate box after reading the notes at the foot of the page

I can confirm that.....

- The family including the above child is a “frequent worshipper” at my church. i.e. worships*¹ at least twice a month or more frequently*² for the last 2 years*³
- The family including the above child is a “regular but not frequent worshipper” at my church, i.e. worships*¹ at least monthly*² for the last 2 years*³
- The family including the above child do not meet the above criteria, or are not known to me

NOTES TO MINISTER – Please read before completing this form

*¹Worship can mean weekday activities at your church that include an element of Christian Worship

*² The frequency of worship should be determined over a two year period. If the applicants are new to the area, applicants will also need to contact the Minister of their previous church who will also need to fill in a confidential reference

*³ 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.

Signed..... Vicar / Minister of.....

Name..... Date

I confirm that my church is affiliated to ‘Churches Together in Britain and Ireland,’ a member of the ‘Evangelical Alliance’ or fully supports a ‘Trinitarian Christian Creed’

THANK YOU FOR YOUR ASSISTANCE

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