



Please print in BLOCK CAPITALS and return this form by 4.00pm on 31 October 2016 to:
post: BRADFORD ACADEMY, Teasdale Street, Bradford, BD4 7QJ FAO Attn: Mrs Angela Hainsworth

APPLICANTS DETAILS

Surname:
Forename:
Date of birth:/...../.....
Student's address:
Postcode:
Telephone no:

PRESENT SCHOOL

Name of present school:
Please indicate which local authority if not Bradford

PARENT-S / STEP PARENT-S /CARER-S CONTACT DETAILS

Mr/ Mrs/ Miss/ Ms / Dr
Name:
Daytime contact 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information, may result in a place being withdrawn should it be offered.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-s/Step Parent-s/Carer-s Signature
Parent-s/Step Parent-s/Carer-s name (please print)
Date:



REQUEST FOR RELIGIOUS LEADER'S REFERENCE

PART B

PLEASE RETURN THIS FORM TO:

**POST: Attn: Mrs A Hainsworth c/o Bradford Academy, Teasdale Street, Bradford, BD4 7QJ
email: a.hainsworth@bradfordacademy.co.uk**

Name and address of family making application:

| | |
|--|--|
| Name of Child | |
| Name of Parent-s Step Parent-s or | |
| Address | |

Dear

The family (Parent-s/Step Parent-s/Carer-s) named above have made a secondary application for admission to Bradford 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-s/Step Parent-s/Carer-s) a member of your church/ place of worship? **Yes/No?**
3. Is their attendance at worship **fortnightly/monthly/less?**
There is no minimum qualifying period for attendance.

Thank-you for completing this form, please sign below and return to the school.

Signed: _____ **Tele:** _____

Name: _____ **Position:** _____

Date: _____