



## ALL SAINTS' CE 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:
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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:
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We have worshipped there since:
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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' CE PRIMARY SCHOOL  
Easby Drive, Ilkley, LS29 9BE  
Tel: 01943 607852**

From: (Clergy Name)

Church:

Address:

Telephone:

APPLICANT FOR ADMISSION TO ALL SAINTS' CE 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: