

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:

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 Helen Dunn, 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 Dunn,

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:

