

Low Moor C. of E. Primary School

Aiming for Excellence



SUPPLEMENTARY INFORMATION FOR ENTRY IN SEPTEMBER 2024 TO LOW MOOR CHURCH OF ENGLAND VOLUNTARY CONTROLLED PRIMARY SCHOOL

TO BE COMPLETED BY PARENT / CARERS and returned directly to:
Low Moor Church of England Primary School, Park House Road, Bradford, BD12 0NN
by Friday 5th January 2024 at 3.15pm

Child's Full Name:		
Date of Birth:	/ / 20	Gender: Male/Female
Present School or Pre-school:		
Address:		
Detail below any other children attending Low Moor C. of E. Primary School		
Name:		Year Group:
Name:		Year Group:
Name:		Year Group:

LINKS WITH THE CHURCH:

Name and Address of your Church	
Religious Denomination	
Your child's link with the Church	
Your link with the Church	

The Governor's Admission Committee will use the above information and references to assist them in their decision making process.

This supplementary form is submitted to support my application for a place at Low Moor C. of E. Primary School for my child named above, for admission in September 2024.

I understand that I must still make an online application for a school place at www.bradford.gov/admissions

Signed:.....Parent/Carer

Date:.....

**ADMISSION OF PUPILS TO LOW MOOR CHURCH OF ENGLAND
VOLUNTARY CONTROLLED PRIMARY SCHOOL**

CONFIDENTIAL CHURCH REFERENCE

TO BE COMPLETED BY YOUR CHURCH MINISTER

**Low Moor Church of England Primary School, Park House Road,
Bradford, BD12 0NN**

Child's name:.....

Parent's/Carers Name(s)..... &

TO THE BEST OF YOUR KNOWLEDGE FOR THE PAST 12 MONTHS THE CHILD HAS ATTENDED:
(please indicate as appropriate)

Church Services	Frequently (weekly) <input type="checkbox"/>	Regularly (monthly) <input type="checkbox"/>	Occasionally (annually) <input type="checkbox"/>	Never <input type="checkbox"/>
Other Christian based activity organised by the Church.	Frequently (weekly) <input type="checkbox"/>	Regularly (monthly) <input type="checkbox"/>	Occasionally (annually) <input type="checkbox"/>	Never <input type="checkbox"/>

Name of Christian Activity:.....

Length of time involved with this Church (or other churches) to your knowledge..... **Years/months**

TO THE BEST OF YOUR KNOWLEDGE FOR THE PAST 12 MONTHS THE FAMILY HAS ATTENDED:
(please indicate as appropriate)

Church Services	Frequently (weekly) <input type="checkbox"/>	Regularly (monthly) <input type="checkbox"/>	Occasionally (annually) <input type="checkbox"/>	Never <input type="checkbox"/>
Other Christian based activity organised by the Church.	Frequently (weekly) <input type="checkbox"/>	Regularly (monthly) <input type="checkbox"/>	Occasionally (annually) <input type="checkbox"/>	Never <input type="checkbox"/>

Name of Christian Activity:.....

Length of time involved with this Church (or other churches) to your knowledge..... **Years/months**

ANY FURTHER COMMENTS WHICH MAY SUPPORT THE APPLICATION:

--

Vicar/Minister of:.....

Signature.....**Name:**.....

Date:.....

THANK YOU FOR YOUR ASSISTANCE.