St Swithun's C of E Primary Academy
Grove Street
Retford
DN22 6LD

Telephone : 01777 702043

Supplementary Information Form

This form is for applicants involved in worship at a Church of England parish or another Christian Church that is a member of Churches Together in England, who want church commitment to be taken into consideration as part of the application process. The supplementary information form must be completed **in addition** to the Local Authority's application form. Please ensure both parts are completed and signed and return the form to St Swithun's C of E Primary Academy.

The academy's admissions arrangements can be found at www.st-swithuns.notts.sch.uk.

PART ONE - To be completed by parent or carer

Surname of child: _____ Date of birth _____

Christian / Forename(s) of child _____

Parent or Carer's Full Name: _____

_____

Contact Information:

Home address:_____

_____ Postcode _____

Telephone: Home _____ Work _____

Mobile _____ Email Address _____

I have completed this supplementary form in good faith and am aware that the offer of a place may be withdrawn, if any information is found to be fraudulent or potentially misleading.

Signature: _____ Date _____

Please see next page for part 2

PART TWO - To be completed by a recognised leader of the Church/Parish

Please Note - Measurement of Attendance
**** In the event that during the period specified for attendance at worship the church or, in relation to those of other faiths, relevant place of worship, 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 in relation to those of other faiths, relevant place of worship, or alternative premises have been available for public worship.**

Please confirm if the parent/carer named on the form is:

i) **'At the heart of the Church'** – a regular, committed worshipper who has worshipped at least once a month for 24 months prior to the date of application. Please include week-day worship.

Yes ☐ **No** ☐

ii) **'Attached to the Church'** – a regular, but not frequent worshipper who has worshipped at least four times a year for 24 months prior to the date of application. Please include week-day worship.

Yes ☐ **No** ☐

Church/Parish:

_____

Signature: _____

Print name: _____

Church Position/Title: _____ Date: _____

Contact details:

Tel: _____

Email: _____

Office use only:

Form received on (date) _____

Signed: _____