



All Saints C of E (VA) Primary School, Datchworth

PART A

ADMISSIONS APPLICATION - SUPPLEMENTARY INFORMATION FORM (SIF)

Please use BLOCK CAPITALS

Name of Child	Surname:	
	Forename(s):	
Date of Birth:	/ /	
Year group for which you are applying:		
Name of Parents/Guardians or Carers:		
Permanent Home Address: <i>Note: This is the child's permanent residence, where most of the week is spent, and not an accommodation address. Parents are requested to provide a recent (within the last 3 months) original utilities bill or equivalent, which will be returned.</i>	Postcode:	
Contact Telephone Number:		
e-mail Address:		
Under which category are you applying for admission? Please tick the relevant category. <i>Please refer to our Admissions Policy for definitions of these criteria.</i>	<input type="checkbox"/> Category 1: Children Looked After <input type="checkbox"/> Category 2: Sibling <input type="checkbox"/> Category 3: Parish of Datchworth <input type="checkbox"/> Category 4: Church (Please see Part B) <input type="checkbox"/> Category 5: Children of Staff (Please see Part B) <input type="checkbox"/> Category 6: Any other children	
<p>If you are applying under Category 4 (Church), please complete Part B of this form and ask your parish priest or minister to sign it. Please return both parts to the school. Please supply the name, address and telephone number of the parish priest or minister who will complete the form.</p> <p>Name of priest/minister:</p> <p>Address:</p> <p style="text-align: right;">Telephone No:</p>		

IMPORTANT NOTE

I have read the School Prospectus and should my child be accepted as a pupil, I agree to abide by the aims and methods of working in the school as stated therein. I confirm that to the best of my knowledge, the details above are correct. I attach an **original** utilities bill or equivalent, dated in the last 3 months.

Signature of Parent/Guardian/Carer:	Date:
OFFICE USE ONLY:	Date Received:



PART B

ADMISSIONS APPLICATION - SUPPLEMENTARY INFORMATION FORM (SIF) FOR THOSE CLAIMING CHURCH ATTENDANCE OR STAFF RELATION

Parents and Clergy are asked to complete and sign this form to assist the Governors in ensuring that those most qualified for admission under Category 4 are properly considered. Please note that priority will be based on the **parents'/carers'** attendance at Church.

The relevant category (in priority order for the offering of places) is as follows:

Category 4 Children whose home address is outside the area as defined in Category 3 above, one or more of whose parents/carers have, at the time of application shown commitment to the Church of England or another Christian Church by attending a service at least once a month for the year prior to an application being made. Applicants in this category will need to ask their priest or minister to sign the relevant section of the SIF/Clergy Form.

The main Christian denominations are defined by membership of Churches Together in England or the Evangelical Alliance.

Name of Child:	
Name of Parents/Guardians or Carers:	
Criterion Under Which Applying:	
Child's Permanent Home Address:	
Name of Church:	
Address of Church:	
Name of Clergyman:	
Position in Church:	
I CONFIRM THAT I _____ (NAME) HAVE REGULARLY WORSHIPPED AT THE ABOVE CHURCH <u>AT LEAST ONCE IN EACH CALENDAR MONTH FOR A MINIMUM OF ONE YEAR.</u>	
Parent/Guardian/Carer signature:	Date:
I CONFIRM THAT THIS PARENT/CARER _____ (NAME) HAS REGULARLY WORSHIPPED AT THIS CHURCH <u>AT LEAST ONCE IN EACH CALENDAR MONTH FOR A MINIMUM OF ONE YEAR</u>	
Clergy signature:	Date:

* In the event that during the period specified for attendance at worship the church 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 alternative premises have been available for public worship

Category 5 Children of staff

Name of Child:	
Name of Staff Member:	
Relationship to Child:	