



*St Clement & St James CE Primary School
Supplementary Information Form
For Admission to Reception or
In-Year Transfer*

Surname of Child: _____	First Name of Child: _____
Date of Birth of Child: _____	
Name(s) of Parent(s): _____	
Home Address: _____	
_____	Post Code: _____
Home Telephone Number: _____	
Mobile Telephone Number: _____	
Email address: _____	

Foundation Places If, after considering the St Clement & St James CE Primary School admissions criteria and you feel that you have a Christian religious affiliation that will support your child's admission application, **please complete the sections overleaf** and ask your vicar/priest to complete the reference section at the bottom.

For office use only: Office staff initials _____	Date received: _____
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Foundation Place – Supplementary Information Form

To which denomination of faith does the applicant belong?

Name of Church/Place of Worship: _____

Address: _____ Post Code _____

Name of priest/Minister _____

Is your church/Place of Worship a member of (please tick):

Churches Together in Britain and Ireland

Churches Together in England The Evangelical Alliance

Membership number/Reference: _____

Vicar's Reference – this section must be completed by the applicant's Vicar/Priest/Minister

How often does the applicant attend church? (Specifically how many times per month in school term time over the past year?)

How long has the applicant been attending your church?

I confirm that the information contained on this form is true.

Signature of priest _____ Print name _____

Telephone: _____ Email: _____

Date _____

Church stamp or confirmation on headed paper (essential):