



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 Thomas' CE Primary School admissions criteria, 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 to complete the reference section at the bottom.

For office use only: Office staff initials _____ Date received: _____

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/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):