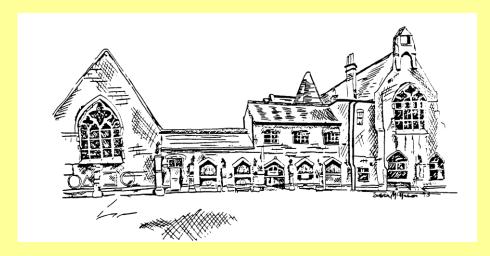
## St Gabriel's C of England Primary School





## **Supplementary Information Form**

Please ensure that you have completed a separate Coordinated Application Form from your borough.

Diago indicate which admissions suitavian vous shild fulfile.
Please indicate which admissions criterion your child fulfils:
Child in public care
Yes No No
Children whose parents worship at St Gabriel's at least monthly and have done so for at least a year
Yes No No
Children whose parents worship at least monthly in other Anglican Churches and have done so for at least a year
Yes No No
Children whose parents worship at least monthly in other Christian Churches* (*as defined by the Churches Together in Britain and Ireland) and have done so for at least a year
Yes No No
Children who are baptised Anglicans (baptismal form will be required)
Yes No
Children who are baptised by other Christian rites (baptismal form will be required)
Yes No No
Children who have brothers or sisters, already in the school, at date of entry to Reception Class.  [Please write children's names:]
Children whose parents live in the parishes of St Gabriel's, St Saviours and St James the Less
Children of other faiths who practise their faith at least monthly and whose parents support the aims and ethos of St
Gabriel's and have done so for at least a year  Yes No
Children who do not meet any of the previous criteria
Children who do not incertary of the previous chema
Yes No



## **CLERGY REFERENCE**

Child's name
The Parents/guardians of the child named above have applied for a place at this school and have given your name as a referee. Would you kindly complete this form. Thank you for your help.
Is your church Anglican? Yes No No
If no, is your church either a full or associate member of the Churches Together in Britain and Ireland (or the Evangelical Alliance?) Full member Associate member
Have the family worshipped at your church for at least a year? Yes No
How frequently do they attend church worship?
Signature of Parent /Guardian
Date:
Signature of Minister/Incumbent
Date:
Stamp:



Please write in <b>CAPITAI</b>	L LETTERS and use black ink
CHILD'S DETAILS	
Surname	
First Names(s)	
Date of birth	
Home Address	
(and full post code)	
(and ran post code)	
Telephone	
Email	
PARENT'S DETAILS	
Name of Father or	
Guardian	
Name of Mother	
or Guardian	
FAITH INFORMATION	N
Are you applying for a Ch	nristian or Other Faith place? Yes No
Name and denomination of	of church or other place of worship which family attends
	2 dans of other place of motions primary among
Name of Church of Engla	nd Parish in which you live
Tvame of Charen of Engla	ind I arish in which you live
Name of Minister who are	n confirm your church attendance
rvame of winnister who cal	n confirm your church attendance
Nome of worship leads	the can confirm your attendance
ivame of worship leader w	who can confirm your attendance
Signed:	Date:
Signed:	Date.

