



Supplementary Information Form

If you are applying under criteria 4,5 or 6 please complete the following **and ask your vicar to sign it.**
 Please notify the school should any of your circumstances change.
 The current criteria for admission are listed on the enclosed sheet.
 Please return this form to the school before the closing date of Admission for your Borough of Residence.

Child's Surname	Child's First Name(s)	Date of Birth	Gender
Name and address of Parent(s) or Guardian(s)			
Full Name:			
Address:			
Home Telephone:			
Mobile Telephone:			
Email Address:			

Church Worship	
Do you attend church at least twice a month ?	YES NO
How long has this been the pattern of attendance?	_____ YEARS _____ MONTHS
If you regularly attend a church, please state which one and give the name, address and telephone number of the minister:	
Name of Church:	
Name of Minister:	
Church Address:	
Declaration	

I confirm that I have read and understood the Admissions Policy and that the information I have provided is true and correct.

I understand that I must notify the school immediately if there is any change to these details and that should any information I have given prove to be inaccurate, that the governors may withdraw any offer of a place even if the child has already started school.

Signed by Parent / Guardian:

Date:

**If you are applying under criteria 4, 5 OR 6
Please ask YOUR MINISTER to complete this section.**

The Governors are required to ensure that their Admission Criteria and procedures are adhered to and would be grateful if you could complete this questionnaire to confirm the named family's association with your church.

Name of Child	Name of Parent / Guardian
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CHRIST CHURCH COCKFOSTERS (CRITERIA 4 AND 5)

Please tick just one of the following:

Is the above named adult on the electoral role **at Christ Church Cockfosters?**

YES NO

When did they enrol (month & year)? _____

Please tick just one of the following:

Does the above named adult attend church **at least twice a month?**

YES NO

OTHER CHURCHES (CRITERIA 6)

Please tick just one of the following:

Does the above named adult attend church at least twice a month?

YES NO

When did they enrol (month & year)? _____

To the best of my knowledge, this is a true and accurate statement.

Signed	Name (Please print)
Position	Church Name and Stamp
Contact Telephone Number	Date