



**SUPPLEMENTARY FORM**  
**ST STEPHEN'S C OF E PRIMARY SCHOOL**  
**FOR ENTRY TO RECEPTION CLASS**

**NB: Please complete this form to support your Common Application if you have chosen to apply for a place at St Stephen's C of E school. Complete this form if you are applying for a place under criteria 3, 4, 5 or 8, if not received, the Governors will not be able to apply their admission criteria and your application will be considered under Category 8 (Any other children).**

**All applicants are strongly advised to read the school's Admissions Policy before completing this form.**

**Completed forms must be returned to St Stephen's C of E Primary School as soon as possible.**

**Parents / Carers please complete in BLOCK CAPITALS**

**FILLING IN THIS FORM DOES NOT GUARANTEE YOUR CHILD A PLACE**

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Male/Female: \_\_\_\_\_

Parents/Carers Names: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address of Child: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

**You must supply proof of address (Council Tax bill, utility bill and/or tenancy agreement. These documents must be less than 6 months old and in the name of the mother or father of the child.**

The deadline by which supplementary forms must be submitted to the school for consideration by the Admissions Committee is 15<sup>th</sup> January for consideration.

*Please attach any other information you may feel is relevant to this application in relation to the School's admissions policy in respect of "exceptional medical or social needs" You must support your claim with professional evidence. We ask for a letter from a hospital consultant if you have a medical reason or a social worker if you have a social reason for your claim (or provide a letter from a professional of equivalent standing). The letter must clearly state why the particular school is the only school to meet the child's specific needs. The letter must be provided with the application and must be submitted by the closing date. If this documentation is not provided it will not be possible to consider any exceptional medical or social needs. Each case will be considered on its individual merits and such applications will not necessarily be given priority over those of other children.*

**PTO**

Please tick and complete all sections so we know which criteria you are applying under:

**CRITERIA 3**

If the child lives in the school catchment area?

**CRITERIA 4**

Has the person permanently looking after the child been a regular and faithful worshipper (see policy for definition) at **St Stephen's Church** for at least the last 12 months? If YES:

Signature of Priest: \_\_\_\_\_

Date: \_\_\_\_\_

**CRITERIA 5**

If the child lives in the school catchment area, has the person permanently looking after the child been a regular and faithful worshipper (see policy for definition) at a Christian Church for at least the last 12 months? If YES:

Name of Church: \_\_\_\_\_

Priest or Minister's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Signature of Priest / Minister: \_\_\_\_\_

**CRITERIA 8**

Has the child a parent/carer employed by the school at the time of admission?

If YES, please give their name(s): \_\_\_\_\_

Start date of employment: \_\_\_\_\_

**PLEASE NOTE THAT THE INFORMATION YOU HAVE GIVEN ON THIS FORM WILL BE TREATED IN THE STRICTEST OF CONFIDENCE, HOWEVER IT MAY BE USED IN THE EVENT OF AN APPEAL.**

**Thank you for taking the time to fill in this form. Please check that you have answered all the questions, that you have provided proof of address and signed the application form.**

Signed: \_\_\_\_\_ Parent / Guardian (Please delete as appropriate)

Date: \_\_\_\_\_