



# BISHOP WOOD C of E JUNIOR SCHOOL

## SUPPLEMENTARY INFORMATION FORM

Everyone applying to Bishop Wood School must complete Form 1 and ensure they have a copy of the School Admissions Policy.

**The SIF must be returned to the school office by 5pm on 15<sup>th</sup> January 2016**

**Please use Block Capitals**

Name of Child Surname.....

Forenames.....

Date of Birth ..... Gender Male/Female

Name of Parent, Guardian or Carer .....

Permanent Home Address .....

*Note: This is the Child's permanent residence and not an accommodation address.*

Home Tel No ..... Parent/Carer's day time Tel No.....

Under which criterion are you applying for admission? .....

If you are applying under criterion 2, please give details of your other children who will be attending the school in September 2016.

**If you are applying under criteria 5 or 6, please complete the enclosed *Form Number 2* and ask your parish priest or minister to sign it. Return this second form to the school with this form. Please supply the name, address and telephone number of the parish priest or minister who will complete the form.**

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Signature of Parent/Guardian/Carer ..... Date.....

**OFFICE USE ONLY:**      **Date Received:**      .....



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## SUPPLEMENTARY INFORMATION FORM FOR THOSE CLAIMING CHURCH ATTENDANCE

Parents and Clergy are asked to complete and sign this form to assist the governors in ensuring that those most qualified for admission under Categories 5 and 6 are properly considered. Please note that priority will be based on the parents'/carers' attendance at the church and not just the child's membership.

The relevant criteria (in priority order for the offering of places) are as follows:-

- Category 5** Children whose parents have expressed a wish for a Christian education and whose parents normally attend the Parish Church of St Peter and St Paul, Tring as testified in writing by the Rector.
- Category 6** Children whose parents worship regularly at another Christian Church ie a Church which is a member or eligible for membership of Churches Together in England or the Evangelical Alliance.

Name of Child .....

Name of Parents/Carers .....

Criterion Under Which Applying .....

Child's Permanent Home Address .....

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Name of Church .....

Address of Church .....

Name of Priest / Minister of Religion and Position in Church .....

<p>Statement 1 – to be signed by Parents / Guardians</p> <p>I CONFIRM THAT WE HAVE REGULARLY WORSHIPPED AT THE ABOVE CHURCH AS A FAMILY</p> <p>PARENT/GUARDIAN/CARER'S SIGNATURE .....</p> <p>DATE .....</p>
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<p>Statement 2 – to be signed by Priest / Minister of Religion</p> <p>I CONFIRM THAT THIS FAMILY HAS REGULARLY WORSHIPPED AT THIS CHURCH AT LEAST ONCE A MONTH FOR THE LAST YEAR.</p> <p>CLERGY SIGNATURE .....</p> <p>DATE.....</p>
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