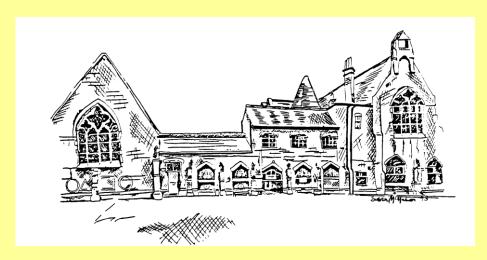
## St Gabriel's Church of England Primary School





## **Supplementary Information Form**

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

Please indicate which admissions criterion your child fulfills:			
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 No			
Children who are baptised by other Christine 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 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			
Yes No			
Tes 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 Evangelica	1		
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?			
The state of the s			
Signature of Parent /Guardian			
Date:			
Signature of Minister/Incumbent			
Date:			
Stamp:			

Please write in <b>CAPITAI</b>	LETTERS and use black ink	
CHILD'S DETAILS		
Surname		
First Names(s)		
Date of birth		
Home Address		
(and full post code)		
Telephone		
Email		
PARENT'S DETAILS		
Name of Father or		
Guardian		
Name of Mother		
or Guardian		
or Guardian		
FAITH INFORMATIO	NI	
TATTI IN ORMATIO		
Ara you applying for a Ch	nristian or Other Faith place? Yes No	
Are you applying for a Ci	instrair of Other Faltit place: Tes No	
Now and demonstration of the other demonstration		
Name and denomination (	of church or other place of worship which family attends	
Name of Church of Engla	and Parish in which you live	
Name of Minister who ca	n confirm your church attendance	
Name of worship leader v	who can confirm your attendance	
Signed:	Date:	