

APPLICATION FOR ADMISSION TO SECONDARY SCHOOL 2025

PLEASE COMPLETE THIS FORM USING CAPITAL LETTERS. THANK YOU.

1. Pupil Details						
Legal Forename						
Middle Name(s)						
Legal Surname						
Given Name(s)						
Preferred Forename			·			
Preferred Surname						
Address						
(where he/she normally resides please note "normally" is more than four nights per week)						
			Postco	ode		
Date of Birth (dd/mm/yyyy)	/ /	_				
2. Supporting evidence for app	lication					
Are you applying for a place because of: (you may tick more than one box)		✓	If place is faith based please indicate faith group			✓
special social / medical needs						
*Supplementary documentation must be supplied			Christian			
to support this category child of school staff			Muslim			
child's parent / carer's faith commitment			Hindu			
attendance at a C of E Primary School			Sikh			
·			Other world faith (ple	ease s	pecify)	
3. If your application is faith-bas minister / faith leader	sed, please com	plete tl	ne following section \	WITH	l your / vicar / priest /	
Name of vicar / priest / minister /						
faith leader						
Name of Place of Worship						
Address						
Postcode						
Telephone number						
Email address						

a. How have you as a parent attended this Church / place of worship (please tick appropriate box).							
Weekly / Fortnight adding up to 1st Septen	•	Weekly / Fortnightly for 1 year leading up to 1st September 2024	Monthly for 1 year leading up to 1st September 2024				
"In the event that during the period specified for attendance at worship the church [or, in relation to those of other faiths, relevant place of worship] has been closed for public worship and has not provided alternative premises for that worship, the requirements of these [admissions] arrangements in relation to attendance will only apply to the period when the church [or in relation to those of other faiths, relevant place of worship] or alternative premises have been available for public worship". Please note that attendance claims must be verified by the appropriate incumbent or church authority							
Signed (Parent) Contact Tel No							
Countersigned (Vicar/Priest etc) Date							
Office held		Contact Tel No					
	te the form in th	a key factor in determining admissions to ne presence of their Vicar, Priest, Ministe 24.	•				
4. Primary School (P	lease enter nar	me and address of the primary school	your child attends)				
Name							
Address							
Postcode							

Please note that the information on this form is processed electronically for administrative purposes and is subject to the terms of the Data Protection Act 1984.

Office use only	INITIALS / Date		INITIALS / Date
Application received		Faith Leader reference sent	
Application processed in SIMS		Faith Leader reference received	