

**SUPPLEMENTARY INFORMATION FORM FOR ENTRY INTO**

**IDLE CHURCH OF ENGLAND VOLUNTARY AIDED PRIMARY SCHOOL**

**TO BE COMPLETED BY PARENT / GUARDIAN and returned directly to:**

Idle Church of England Voluntary Aided Primary School, Boothroyd Drive, Idle, Bradford BD10 8LU

**YOUR CHILD:** Full Name:..... Sex (M/F)

Date of Birth:.....

Permanent Address:.....  
.....  
.....

Tel Number:..... Mobile:.....

**BROTHERS OR SISTERS ATTENDING IDLE CHURCH OF ENGLAND VOLUNTARY AIDED PRIMARY SCHOOL ON THE EXPECTED DATE OF ADMISSION:**

Do you have a child at school: YES/NO

Name:..... Class.....

Name:..... Class.....

**LINKS WITH THE CHURCH: Please complete if applying for a place under Category 3 ( church Places)**

Your religious denomination.....

Your Church's name and address:.....

What are your child's links with this church?.....

What are your links with this church?.....

The Governors Admission Committee will use the above information and the Confidential Church reference to assist them in their decision making process and may contact your Minister or Vicar for verification.

I would like to apply for my child to be admitted to Idle Church of England Voluntary Aided Primary School in the Academic Year beginning September 2022.

Signed:.....Parent/Guardian

Date:.....

ADMISSION OF PUPILS TO IDLE CHURCH OF ENGLAND VOLUNTARY AIDED PRIMARY SCHOOL

**CONFIDENTIAL CHURCH REFERENCE**

ONCE COMPLETED, YOUR CHURCH MINISTER SHOULD RETURN THIS FORM DIRECTLY TO:-

Idle C of E (A) Primary School, Boothroyd Drive, Idle, Bradford, BD10 8LU

(NB: It is the parent's responsibility to ensure that the minister has returned the form to school and the school is in receipt of the completed form before the national closing date)

**SECTION 1 – To be completed by Parent / Guardian**

Child's Full Name.....

Parent's / Guardian's full name (s).....

Address and contact telephone number.....

**Please indicate as appropriate**

Over a minimum period of the last 2 years, our FAMILY including the above CHILD has attended:

<b>Church Services</b>	Frequently (Twice a month) <input type="checkbox"/>	Regularly (Monthly) <input type="checkbox"/>	<b>Other Christian worship based activity organised by the church.</b> Activity Name .....	Frequently (Twice a month) <input type="checkbox"/>	Regularly (Monthly) <input type="checkbox"/>
------------------------	---	--	---	---	--

**SECTION 2 – To be completed by Church Minister.**

**Please tick the appropriate box after reading the notes at the foot of the page**

I can confirm that.....

The family including the above child is a "frequent worshipper" at my church.  
i.e. worships\* at least twice a month or more frequently for the last 2 years

The family including the above child is a "regular but not frequent worshipper" at my church,  
i.e. worships\* at least monthly for the last 2 years

The family including the above child do not meet the above criteria, or are not known to me  
**NOTES TO MINISTER – Please read before completing this form**

- \*'Worship' can mean weekday activities at your church that include an element of Christian Worship**
- The frequency of worship\* should be determined over a two year period. If the applicants are new to the area, applicants will also need to contact the Minister of their previous church who will also need to fill in a confidential reference**

Signed..... Vicar / Minister of.....

Name..... Date .....

I confirm that my church is affiliated to 'Churches Together in Britain and Ireland,' a member of the 'Evangelical Alliance' or fully supports a 'Trinitarian Christian Creed'

**THANK YOU FOR YOUR ASSISTANCE**

**THANK YOU FOR YOUR ASSISTANCE**