

## Trent School Admissions Code

## Supplementary Information Form (Church)

If you are applying to Trent under criteria 4,5 or 6 of the over-subscription admission criteria, please complete the following.

Please notify the school should <u>any</u> of your circumstances change.

The current Admission Criteria in the event of over-subscription are listed on the enclosed sheet. Please return this form to the school before the closing date of Admission for your Borough of Residence.

Child's Surname	Child's First Name(s)	Date of Birth
	Name and address of Parent	
Full Name:		
Address:		

### If you are applying under criteria 4, 5 OR 6 Please complete this section <u>YOURSELF.</u>

Church Worship			
If you regularly attend a church, please state which one and give the name, address and telephone number of the minister:			
Name of Church:			
Name of Minister:			
Church Address:			
Do you attend church at least twice a month?	YES	NO	
Have you attended Christ Church Cockfosters for the last 24 months	YES	NO	
Have you attended church for the last 12 months	YES	NO	
Please circle the criteria under which you consider this application is to be made.			
<b>4 5 6</b> (This is subject to review according to the evidence	e provided)		
Declaration			
I confirm that I have read and understood the Admissions Policy and that the information I have provided is true and correct.			
I understand that I must notify the school immediately if there is any change to these details and that should any information I have given prove to be inaccurate, that the governors may withdraw any offer of a place even if the child has already started school.			
Signed by Parent:			
Date:			

# If you are applying under criteria 4 or 5 Please ask <u>YOUR MINISTER</u> to complete this section.

The Governors are required to ensure that their Admission Criteria and procedures are adhered to and would be grateful if you could complete this questionnaire to confirm the named family's association with your church.

Name	of	Child
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Name of Parent

<b>CHRIST CHURCH COCKFOSTERS</b> (CRITERIA 4 AND 5)			
Please tick just one of the following:			
Has the above named adult attended Chris months up to the January application dea			last 24
Has the above named adult attended Chris for the last 12 months up to the January a			exact date)
*for in year admissions, the 24 and 12 months attendan	nce is related to 'at	time of signing'.	

To the best of my knowledge, this is a true and accurate statement.	
Signed	Name (Please print)
Position	Church Name and Stamp
Contact Telephone Number	Date

#### If you are applying under criteria 6 Please ask <u>YOUR MINISTER</u> to complete this section.

The Governors are required to ensure that their Admission Criteria and procedures are adhered to and would be grateful if you could complete this questionnaire to confirm the named family's association with your church.

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Name of Child	Name of Parent	
OTHER CHURCHES (CRITERIA 6)		
(Member of Churches Together in England or Evangelical Alliance)		
Name of Church:		
Please tick just one of the following:		
Is the above named church a member of Churches Together in England or Evangelical Alliance?		
YES	NO	
Please tick just one of the following:		
Use the should named adult attended your shursh at la	and twice a month for the last 12 months up to the	
Has the above named adult attended your church at least twice a month for the last 12 months up to the January application deadline*? (Please check the exact date)		
YES	NO	
*for in year admissions, the 24 and 12 months attendance is related to 'at time of signing'.		

To the best of my knowledge, this is a true and accurate statement.	
Signed	Name (Please print)
Position	Church Name and Stamp
Contact Telephone Number	Date