



**SAINT WILFRID'S
CHURCH OF ENGLAND ACADEMY**

Duckworth Street, Blackburn, BB2 2JR
Telephone: 01254 604000

For school office use	
Year Group	
Date received	
Distance	

IN YEAR SUPPLEMENTARY APPLICATION FORM

PART 1

TO BE COMPLETED BY THE PARENT(S) OR LEGAL GUARDIAN(S) – PLEASE USE BLOCK CAPITALS.

Forename(s):	Surname:
Date of birth:	Boy or girl: Current Year group:
Full name(s) of parent(s) or legal guardian(s):	
Home address:	
.....	
Post code:	Telephone number:
Current (or Last) School:	
Reason for changing school:	
.....	

3. SPECIAL EDUCATIONAL NEEDS

Does the child have an Education Health Care Plan? (If so, please attach a copy.)

4. SIBLINGS

Does the child have a brother or sister attending Saint Wilfrid's at present who will still be on the Academy roll in years 7 to 11 and the sixth form at the time of application. If so, please give details:

Name(s) of brother(s) or sister(s)	Date(s) of birth	Present form

5. YOUR PLACE OF WORSHIP

Where do you usually worship? (name and address)

If you have worshipped anywhere else within the last two years, please give details (name and address of place of worship, period of attendance, frequency of attendance).

6. ADDITIONAL INFORMATION

Are there any social/medical/welfare reasons for changing the school? Yes No

If yes, please give details. You must submit appropriate written supporting evidence for your application from a doctor, consultant, social worker or other professional.

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7. CERTIFICATION

- (a) I certify that I have read the guidance notes and that, to the best of my knowledge, the information I have given is correct.
- (b) I understand that any offer of a place may be withdrawn if it is found that inaccurate information has been given.

Signed: _____ Date: _____
(Parent/Legal Guardian)

PART 2 TO BE COMPLETED BY THE FAITH LEADER AT YOUR PLACE OF WORSHIP.

1. CONFIDENTIALITY

The information you give below will be regarded as confidential to the Governors of the Academy Trust, but will have to be made available to parents if their application reaches the appeal stage.

2. CERTIFICATION - Categories 2 to 8 inclusive

- (a) I support this application under category number of the Academy's admission criteria.
*(*please enter the category number as appropriate)*
- (b) I confirm that this church is in membership of Churches Together in England, the Free Churches Group or the Evangelical Alliance as at 1 September 2014.
- (c) I confirm that the parent(s) or legal guardian(s) attended worship services at this church.
*weekly/fortnightly/monthly over a period of two years OR
*weekly/fortnightly/monthly over a period of one year OR
*occasionally over a period of one year
*(*please indicate frequency by deleting attendance as appropriate)*
OR **Category 10**
- (d) I support this application under category number **10** of the Academy's admission criteria and confirm the parent(s) or legal guardian(s) is an active member of, and meets the normal religious obligations of, the following faith

Signed:	Date:
Name in block capitals:	Position:
Name and address of place of worship:	
.....Telephone Number:	

3. RETURN OF COMPLETED FORM

When you have completed Part 2, please return the whole form to the PA to the Principal, Saint Wilfrid's Church of England Academy, Duckworth Street, Blackburn, BB2 2JR.