

Archdeacon Cambridge's Church of England Primary School
Supplementary Application Form - Reception

(to be completed by Parent or Guardian)

CLOSING DATE FOR RECEIPT OF COMMON APPLICATION FORM BY THE LA – 15th January

CLOSING DATE FOR RECEIPT OF SUPPLEMENTARY APPLICATION FORM BY THE SCHOOL – 15th January

Child's Surname:	Forename:
Date of Birth:	Boy / Girl (please circle)
Address:	
Home Tel:	Mobile Tel:
Children in Public Care: Is the child in the care of a local authority? Yes / No (If yes, please also provide a letter from a local authority social worker confirming the legal status of the child.)	
Does your child have a sibling who will be attending Archdeacon Cambridge's School in September 2010? Yes / No (please circle) If YES, please state name of child(ren) and class(es): _____	
Are you a practising member of a Church which is a member of Churches Together in Britain and Ireland (CTBI) or the Evangelical Alliance (EA)?: Yes / No (please circle)	
If you are a practising member of a church which is a member of CTBI or the EA please complete the following details:	
Name of Minister/Incumbent:	Tel:
Address of the church at which you worship:	
Please note: If you are applying for a foundation place you are required to submit supporting documentation. Parents should approach their Clergy to arrange for completion and submission of the enclosed Clergy Form. <u>Only applications with full supporting documentation will be considered in this category.</u> The Admissions Policy (copy enclosed) will be strictly adhered to when allocating places.	
I have completed a Common Application Form specifying Archdeacon Cambridge's School as one of my choices and returned it to the LA.	
Signed: _____ Parent/Guardian (please delete as applicable)	
Print Name: _____	Date _____

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Application for Admission - Clergy Form

The parents/guardians of the child named below have applied for a place at Archdeacon Cambridge's School and have given your name as a referee. This form should be completed in consultation with the parents applying for a place at the school and must be returned to the school by the Clergy **by 15th January in the year that your child would be due to start in Reception** in order to be considered with the application.

Surname of Child:

Other Names:

Date of Birth

Address:

Name of Minister/Incumbent:

Name and address of place of worship:

Tel:

Is your church a member of Churches Together in Britain and Ireland (CTBI) or the Evangelical Alliance (EA)? **Yes / No** (please circle)

Has this family worshipped at your church for at least 12 months?

Has this family attended at least two Sunday services each month during the past 12 months?

Signature of parent/guardian:

Date:

Signature of Minister/Incumbent:

Date:

Applications for admission with the support of Clergy will be considered in line with the current Admissions Policy. A copy of the Admissions Policy is enclosed with all application forms.