



Bishop Perrin

Church of England Primary School
Hospital Bridge Road Twickenham TW2 6LF
T: 020 8894 1447 F: 020 8898 2854

'celebrating learning together'

SUPPLEMENTARY INFORMATION FORM **TO BE COMPLETED FOR THOSE APPLYING UNDER CHURCH OF ENGLAND AFFILIATION** **For Reception admission applications**

Parents should complete the top half of this form so that their application may be considered fully by governors. (Please note: the Local Authority Common Application Form (CAF) for Admission to primary school, available online from the local authority in which you live, **must** also be completed.) The Clergy Reference Section should be completed by the Incumbent/Minister at your regular place of worship.

Child's First Name(s)

Surname **Date of Birth**.....

Home Address

Post Code **Home Telephone Number**

Signed (Parent/Guardian)

CLERGY REFERENCE FORM

Name of the Church of England Parish in which you live:

Name of the Church which you attend:

Name of Incumbent/Minister

Address of Incumbent/Minister

NB: If you have changed your place of worship in the last two years you must ensure your previous incumbent or minister also completes a form which must be returned with your application

The parents/guardians of the child named above have applied for a place at Bishop Perrin Church of England School under the religious affiliation admission criterion. They have given your name as a referee. Would you kindly complete this form and either return direct to school or return to the parent/guardian. Thank you for your help.

Is your church Anglican? Yes / No

If no, is your church either a full or associate member of the Churches Together in Britain and Ireland or the Evangelical Alliance?

Full / Associate member / Neither

Have they worshipped for at least twice every month for the last two years? Yes / No

Signature of Incumbent/Minister

Date

THIS FORM SHOULD BE COMPLETED AND RETURNED TO SCHOOL BY 15TH JANUARY IN THE YEAR THAT YOUR CHILD IS DUE TO START RECEPTION CLASS



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SUPPLEMENTARY INFORMATION FORM For Reception admission applications

TO BE COMPLETED FOR THOSE APPLYING UNDER 'OTHER WORLD FAITHS'

Parents/guardians should complete this form so that their application may be considered fully by governors. (Please note: you **must** also complete a Local Authority Common Application Form (CAF) for Admission to primary school) which is available online from the local authority in which you live.

THIS FORM SHOULD BE COMPLETED AND RETURNED TO SCHOOL BY 15TH JANUARY IN THE YEAR THAT YOUR CHILD IS DUE TO START RECEPTION CLASS along with your supporting letter as detailed below.

Child's First Name(s)

Child's Last Name

Child's Date of Birth.....

Home Address

.....Post Code

Home Telephone Number Mobile Number

Signed (Parent/Guardian) Date:

Children of parents practicing other world faiths; specifically Islam, Hinduism, Sikhism, Judaism and Buddhism **must** provide, along with this form, a letter to confirm regular attendance/worship in line with the school's Admissions Policy. This must be confirmed by your faith leader on official headed notepaper, from your place of worship.