



St Michael's Easthampstead  
Church of England Aided Primary School

**Supplementary Form 2021 – 22**  
**RECEPTION**

*This supplementary form must be completed to enable St Michael's Easthampstead Admissions Authority to determine which applicants can be offered places according to the School's Admissions Criteria. Please note, the closing date for receipt of this form by St Michael's school is 25<sup>th</sup> February 2021.*

*A receipt will be issued once this form is received in school. However, it is the responsibility of the applicant to ensure that the Supplementary Form is received in school.*

**PLEASE ENSURE THAT THE FORM IS PRINTED ON ONE PIECE OF A4 PAPER ONLY (PRINTED FRONT & BACK)**

**SECTION 1**

Child's name: ..... Date of Birth .....

Child's address: .....

..... Post Code .....

Parent's Name .....

Parent's email address.....Parent's mobile phone number.....

**With reference to St Michael's Admission Policy Criteria (Appendix I) please indicate under which category you are applying for a place for your child at St Michael's School.**

**Please tick ONE category only:**    Category 2     Category 3     Category 4

**If you are applying for a place under Categories 1, 5 or 6 you do not need to complete this form.**

**SECTION 2**

I (parent's name) .....

**Confirm that I have attended an Anglican / \*Other Church Service at (Name of Church)**

.....  
At least twice a month during at least 10 months in the first of the two years prior to the date of application (i.e. 10 months in year 1 and 4 occasions in year 2). The first qualifying church attendance must be two or more years prior to the date of application

\*If you have not attended an Anglican Church, please state which other church you have attended.

Signature of Parent ..... Date .....

**Now please pass this form to your vicar, minister or priest and ask them to complete the details on page 2 & 3, to sign the following verification and then return the form to you:**

**THE GOVERNING BODY MAY CONTACT THE VICAR, MINISTER OR PRIEST TO VERIFY THE INFORMATION PROVIDED IN THIS FORM.**

**3a) THIS SECTION MUST BE COMPLETED BY THE VICAR, MINISTER OR PRIEST OF YOUR CURRENT CHURCH AND NOT BY THE PARENT OR CARER OF THE CHILD MAKING THE APPLICATION**

Can you confirm that, to the best of your knowledge, the above parent has attended your church at least twice a month during at least 10 months in the first of the two years prior to the date of application (i.e. 10 months in year 1 and on 4 occasions in year 2) . The first qualifying church attendance must be two or more years prior to the date of application

**YES/NO\***

Is your Church a member of **Churches Together in Britain and Ireland**? .....**YES/NO\***  
 Is your Church a member of the **Evangelical Alliance**? .....**YES/NO\***

Signature of vicar, minister or priest: .....Date .....

Name of vicar, minister or priest (in capitals) .....

Name of Church: .....

Address of Church: ..... Post Code .....

Clergy email address:.....

Clergy telephone number:.....

Dates of attendance of the applicant at your church :-  
 from: ..... (month/year) to..... (month/year)

**N.B. Parent or carer.** If your attendance at your current church has been for less than 2 years, please pass the form to your vicar, minister or priest of your **previous church** and ask them to complete the following details, to sign the verification and then return the form to you:

*\* please delete as appropriate*

**3b) THIS SECTION MUST BE COMPLETED BY THE VICAR, MINISTER OR PRIEST OF YOUR PREVIOUS CHURCH AND NOT BY THE PARENT OR CARER OF THE CHILD MAKING THE APPLICATION**

Can you confirm that, to the best of your knowledge, the above parent has attended your church at least twice a month during at least 10 months in the first of the two years prior to the date of application (i.e. 10 months in year 1 and on 4 occasions in year 2) . The first qualifying church attendance must be two or more years prior to the date of application

**YES/NO\***

Is your Church a member of **Churches Together in Britain and Ireland**? .....**YES/NO\***  
 Is your Church a member of the **Evangelical Alliance**? .....**YES/NO\***

Signature of vicar, minister or priest: .....Date .....

Name of vicar, minister or priest (in capitals) .....

Name of Church: .....

Address of Church: ..... Post Code.....

Clergy email address:.....

Clergy telephone number:.....

Dates of attendance of the applicant at your church :-  
 from: ..... (month/year) to..... (month/year)

**Please return this form to St Michael's School by 25<sup>th</sup> February 2021**