

HOLY TRINITY CATHOLIC AND CHURCH OF
ENGLAND (VOLUNTARY AIDED)

**SUPPLEMENTARY INFORMATION FORM (SIF)
TO ACCOMPANY THE AUTHORITY'S COMMON APPLICATION FORM
FOR ADMISSION TO THE SCHOOL**

This school is designated as a school with a Religious Character and as such is permitted to give application preference to members of a particular faith or denomination.

The purpose of this supplementary information form is to verify the Christian commitment of the child by the parent/carer applying for a place at Holy Trinity Catholic Church of England Voluntary Aided. You should complete this form if you wish your application to be considered using the Christian/other world faiths commitment oversubscription criteria of the School's admission policy. This completed form should be returned directly to the school.

Full Name of Child: _____

Date of Birth: _____

Please tick one box from those below to indicate your child's faith or religion (if applicable)

Catholic

Church of England

Other Christian

Other Faith

Which category do you consider your child to be in? _____

In which parish do you reside? _____

Please read this information carefully and tick the appropriate box(es) - thank you

For children who are baptised Catholic or baptised members of the Church of England please attach a copy of the baptismal certificate / proof of baptism / proof of reception to the application forms

Certificate / Proof attached

For children who attend other Christian churches which are full members of Churches Together in England please attach a copy of the baptismal certificate / proof of baptism (if applicable) and the completed MR1 form

Certificate / Proof attached

Completed MR1 form attached

For children who are active members of other world faiths (footnote 5) please supply the written support of their religious leader via the completed MR1 form

Completed MR1 form attached

Received in School Date _____

FORM MR1

REQUEST FOR A MINISTER'S REFERENCE

Please fill in this section below and forward this form to your Minister

Name and Date of Birth of Applicant:

Address:

I am applying for a place at Holy Trinity Catholic and Church of England School

Name of Parent / Carer:

Dear Minister / Faith Leader

I should be grateful if you could write a reference for the above named applicant. The information you provide on this form is extremely important.

In classifying children the emphasis is upon "practicing" members of a Christian Church. We are anxious to include those who actually **participate** in Christian worship and those who are actively involved in their faith, rather than those who are nominally attached to a particular Church. We hope in this way to further the Christian ethos of the schools.

In preparing a testimonial for a child we should like to know such things as how often the child participates in services, in what way the child and / or the family participates and how committed you feel the child and / or the family is to the general values of your church.

We have prepared these notes in response to enquiries we have received in the past as to the criteria for admission to our school. Please feel free to include any other matter which you consider appropriate.

The clarity of any reference is very important as the Governors use this to support the categorisation of the applications. Finally, may we express our sincere thanks to you confidentiality: Please Note:

The reference may be made available to parents and the Independent Appeal Panel and used to assist in deciding whether a place can be offered.

Please turn over

Reference For: _____

Name of Minister / Faith Leader: _____

Church: _____

Address: _____

Post Code: _____ Telephone Number: _____

1. Is the Child a regular, worshipping member of your Church?

YES NO

2. To what extent is this child involved in the life of your Church?

3. Please give any further information which you consider to be relevant

4. At the time of this application is your Church a full member of Churches Together in England (as defined at www.churches-together.org.uk)?

YES NO

Signed: _____ Date: _____

Please return this form to the parents who are required to submit their application.

Thank you for your assistance.