**Bramcote C of E Primary School Additional Supplementary Form**

**BRAMCOTE CHURCH OF ENGLAND (AIDED) PRIMARY SCHOOL**

**SUPPLEMENTARY INFORMATION FORM 2024-25**

**PLEASE COMPLETE THIS SUPPLEMENTARY INFORMATION FORM AND RETURN IT DIRECTLY TO THE SCHOOL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CHILD’S NAME:** | **CHILD’S DATE OF BIRTH:** | | | |
| **ADDRESS:** | **TELEPHONE NUMBER:** | | | |
| **NAMES OF PARENTS / CARERS:** | | | | |
| **Please note it is important that the information requested below is given as comprehensively as possible because in the event of oversubscription the information will be used to award points using our point’s criteria.**  **For further information see the schools Admission policy 2024-25** | | | | |
| **DOES THE CHILD NAMED ABOVE HAVE BROTHERS OR SISTERS RESIDING AT THE SAME ADDRESS WHO WIL BE ATTENDING THE SCHOOL AT THE SAME TIME OF THEIR ADMISSION? (SEPTEMBER 2024)** | | | **YES** | **NO** |
| **DO PARENTS /CARERS OF THE CHILD NAMED ABOVE DEMONSTRATE REGULAR WORSHIP AT ST MICHAEL AND ALL ANGELS PARISH CHURCH, BRAMCOTE?** | | | **YES** | **NO** |
| **DO PARENT/CARERS’ OF CHILD NAMED ABOVE DEMONSTRATE REGULAR WORSHIP AT ANOTHER CHRISTIAN CHURCH THAT IS A MEMBER OF THE EVANGELICAL ALLIANCE, CHURCHES TOGETHER IN ENGLAND OR A CHRISITAN CHURCH OF A TRINITARIAN FAITH?** | | | **YES** | **NO** |
| **IF YES PLEASE GIVE NAME OF CHURCH:** | | | | |
| **MINISTER’S NAME AND ADDRESS:** | | **TELEPHONE NUMBER:** | | |
| **ARE YOU AN ACTIVE MEMBER OF ANOTHER MAJOR WORLD FAITH? (e.g. Buddhism, Hinduism, Islam, Judaism, Sikhism)** | | | **YES** | **NO** |
| **IF YES PLEASE GIVE NAME OF FAITH, FAITH LEADER’S NAME AND ADDRESS:** | | **TELEPHONE NUMBER** | | |

*‘Regular Worship’ is defined as ‘worship’ to a church by a parent /carer at least once a month over a minimum period of one year directly preceding the application. In the case of relocation, it is necessary to provide a suitable named person who will be able to provide an appropriate reference.*