

APPENDIX 1: Supplementary Information Form (SIF)



All Saints CE Primary School & Nursery

Supplementary Information Form (SIF) for applicants under categories 3 or 4 only

Please complete this form and return it to our school in order to support your application for a place under one of these categories. If you have any questions, please contact the school office and we will be delighted to help.

PLEASE USE BLOCK CAPITALS

Child's Surname:		Date of Birth:	
Child's Forename(s):			
Name of parent(s)/guardian(s):			
Address: <i>This is the child's permanent residence where most of the school week will be spent, and not an accommodation address. It must match the address provided on the HCC Admissions Application Form.</i>	Postcode:		
Telephone Number:			

Please tick which of the following categories of our Admissions Policy are you applying for admission

Please refer to our Admissions Policy for definitions of these criteria.

- Criteria 3: Children whose parents are a permanent member of staff employed by the Governors
- Please provide job role: _____
 - Please provide relationship to the applicant child: _____
- Criteria 4: Children of parents at least one of whom worships at any Christian Church that is a member of Churches Together in Bishops Stortford
- Please complete Part A of the SIF overleaf and return the form to school. You will need to confirm the details of the Minister/Priest/Church Leader so we can contact them in the event we need to verify the declarations made.

Parent/Guardian Declaration			
NB: I confirm that the details above are correct to the best of my knowledge.			
Print Name:			
Signature:		Date:	

Please return this form to:

All Saints CE Primary School & Nursery, Parsonage Lane, Bishops Stortford, CM23 5BE

Tel. 01279 836006

Email: admin@allsaints.herts.sch.uk



All Saints CE Primary School & Nursery Supplementary Information Form (SIF): CLERGY FORM (For Category 4)

PART A: To be completed by the parent/ guardian:

PLEASE USE BLOCK CAPITALS

Child's Surname:		Date of Birth:	
Child's Forename(s):			
Name of parent(s)/guardian(s):			
Address:			
	Postcode:		
Name and address of current place of worship:			
Place of Worship:			
Name of Minister/Priest/ Church Leader:			
Address/contact details:			

If you have changed churches in the last 12 months, please also give the name and address of the church you were attending and supply a letter from the Minister/Priest/Church Leader confirming your level of attendance.

PART B: To be completed by the Minister/Priest/Church Leader:

The parents/guardians of the child named above have applied for a place at All Saints CE School and have given your name as a referee. Would you kindly complete this form to confirm the following required items for their child to be considered under this category for our Admissions Policy:	
Is your church a member of Churches Together in Bishops Stortford?	Yes / No
To the best of your knowledge, has at least one of the above named child's parents attended public worship at your Church on average at least once a month during the last 12 months? <i>In the event that during the period specified for attendance at worship the church has been closed for public worship and has not provided alternative premises for that worship, the requirements of these admissions arrangements in relation to attendance will only apply to the period when the church or alternative premises have been available for public worship.</i>	Yes / No
Minister/Priest/Church Leader Declaration	
I confirm that the details above are correct to the best of my knowledge.	
Print Name:	
Signature:	Date:
Please provide a contact number:	

Please return this form to:

All Saints CE Primary School & Nursery, Parsonage Lane, Bishops Stortford, CM23 5BE
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