



Supplementary Information Form for Admissions (SIF)

Please complete this form and return it to our school in order to finalise your application for a place. This form helps us to ensure we are offering places in accordance with our Admissions Criteria. 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. Please supply a recent <u>original</u> utilities bill or equivalent (from within the last 3 months) – this will be returned.</i>	Postcode:		
Home Telephone Number:			

Under which category of our Admissions Policy are you applying for admission? Please tick the relevant criteria. Please refer to our Admissions Policy for definitions of these criteria.

- Criteria 1: Looked After Children
- Criteria 2: Children with a sibling in the main school
- *Criteria 3: Children of parents at least one of whom worships at All Saints Church, Hockerill
- Criteria 4: Children whose parents are a permanent member of staff employed by the Governors
- *Criteria 5: Children of parents at least one of whom worships at another Anglican Church
- *Criteria 6: Children of parents at least one of whom worships at another Christian Church
- Criteria 7: Any other children

** If applying under Criteria 3, 5 or 6, please complete Part A of the Clergy Form (overleaf), then return the form to school. **Please do not give the form directly to the Clergy member.** We will send the form to the Parish Priest or Minister who will then be asked to complete the rest of the form and return it directly to us.*

Parent/Guardian Declaration			
NB: I confirm that the details above are correct to the best of my knowledge and I enclose an original utilities bill dated within the last three months.			
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 for Admissions (SIF): CLERGY FORM

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 place of worship:			

Now please return this form to school. We will contact your Minister/Parish Priest. Thank you.

PART B: To be completed by the Parish Priest or Minister:

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 and return this form in the envelope provided. Thank you for your help.	
Is your church Anglican?	Yes/ No
If no, is your church affiliated as either a full or associate member of Churches Together in Britain and Ireland?	Full member / associate member
To the best of your knowledge, has the family worshipped at your Church at least once a month during the last 12 months?	Yes/ No

Parish Priest / Minister Declaration

NB: I confirm that the details above are correct to the best of my knowledge and I support this child's application to All Saints CE Primary School & Nursery.

Print Name:			
Signature:		Date:	
Please provide a contact number:			

Please return this form to:

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