

**ST MARY'S CHURCH OF ENGLAND (AIDED) PRIMARY SCHOOL**  
**St Mary's Road Sale M33 6SA (Telephone 0161 973 5030)**

**ACADEMIC YEAR 2021/2022**

**Supplementary Form for Reception Class**

The Supplementary Form must be received by:

**15th January 2021**

Please return the completed form to:

The Headteacher  
St Mary's C E Primary School  
St Mary's Road  
Sale  
M33 6SA

**Who should complete this form?**

You should only complete this form if you are applying for:

- Sibling' place – complete section 1
- Church Association' place if you meet the criteria complete section 2

**Church Association Applications**

Section 2 should be completed by a parent / guardian and ensure the Statement of Affiliation on the reverse of this form is signed and completed by a representative of your place of worship. Church association will be verified prior to admission. Only use this form if you can demonstrate your Church is a member of Churches Together in Britain and Ireland. For Church membership see the 'Churches Together in Britain and Ireland website – [www.ctbi.org.uk/member-churches/](http://www.ctbi.org.uk/member-churches/)

**If you wish school to acknowledge receipt of your application please enclose a stamped addressed envelope.**

For Office Use Only		Acknowledged
Surname	Forename(s)	

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**Supplementary Form for Reception Class**

Please ensure you have read the Admissions Policy carefully before completing the form and answer the questions as fully as possible. The information you supply on this form will be treated as confidential to the Governors and the School. It will not be shared with any other school or outside body without your permission, except that it will be supplied to the Independent Admissions Appeals Tribunal in the event of an appeal being lodged.

<b>Child Information</b>	
Surname of Child:	Gender:
First Name:	Date of Birth:
Child's Home Address:	
Post Code:	

<b>Parent/Carer Information</b> <i>(please give details of persons who have parental responsibility)</i>	
Relationship:	Relationship:
Surname :	Surname:
First Name:	First Name:
Address:	Address:
Post Code:	Post Code:
Telephone at Home:	Telephone at Home:
Mobile Telephone:	Mobile Telephone:
E-mail address:	E-mail address:

**Section 1. SIBLING PLACE**

**Children who have a sibling in the school who will be attending the school at the time of the proposed admission or who have attended the school in the 2 academic years prior to admission.**

<b>Child's Name</b>		<b>Date of Birth</b>	
<b>Child's Name</b>		<b>Date of Birth</b>	
<b>Child's Name</b>		<b>Date of Birth</b>	

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Only use this form if you can demonstrate your Church is a member of Churches Together in Britain and Ireland, Using the CTBI website please indicate to which member Church you belong. For Church membership see the 'Churches Together in Britain and Ireland website – [www.ctbi.org.uk/member-churches/](http://www.ctbi.org.uk/member-churches/)

**Section 2. CHURCH ASSOCIATION PLACE**

**Definition of Regular Worshipper**

Either parent attends 2 services per month for the 6 months prior to date of application. Where a family have recently moved into the area then evidence of a similar commitment to a previous church will be required.

I / we confirm that the above criterion is met      Yes       No

Signed      parent / guardian

*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.*

<b>Name of Worshipper:</b>	
<b>Name of Worshipper:</b>	

<b>Place of Worship</b>	
<b>Denomination / Member Church</b>	
<b>Date Started Attending</b>	
<b>Name of Vicar/ priest/ faith leader</b>	
<b>Telephone Number</b>	
<b>Address:</b>	
<b>Post code</b>	

<b>Previous Place of Worship</b>	
<b>Denomination / Member Church</b>	
<b>Dates Attended</b>	
<b>Name of Vicar/ priest/ faith leader</b>	
<b>Telephone Number</b>	
<b>Address:</b>	
<b>Post code</b>	

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**Declaration of the Applicant**

I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to provide false information may result in the withdrawal of a School place.

<b>Signed:</b>	<b>Date:</b>
<b>Name:</b>	<b>Relationship to Child:</b>

**Statement of Affiliation**

**To be completed by your vicar / priest / faith leader – please complete each section**

**Regular Worshipper**

Regular worship is defined as either parent attending 2 services per month for the 6 months prior to date of application. Where a family have recently moved into the area then evidence of a similar commitment to a previous church will be required.

Name of Worshipper:	
Name of Worshipper:	
Place of Worship	
Denomination / member Church	
Name of Vicar / priest / faith leader	
I confirm the above named as: Regular worshipper as defined above	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please state how long the above named has been a regular worshipper at your church.	
If the Church / place of worship has been closed for public worship, please provide dates of closure and full opening where applicable	<b>Closed from:</b> <b>Open from:</b> N/a
Signed	
Position within the Church	
Date	

Church Stamp
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