| CHILD'S NAME | |
|---|---|

# ST HILDA'S CHURCH OF ENGLAND HIGH SCHOOL

## APPLICATION FORM FOR ADMISSION TO YEAR 7 IN SEPTEMBER 2018

- **Please complete this form having first read St Hilda's Admissions Policy 2018**
- **Also read the information provided by the local authority on www.liverpool.gov.uk and its *Secondary School Admissions 2017-18* booklet sent via primary schools**
- **Tick the route/s below you are applying under**
- **Complete the relevant sections on Pages 1-7 then complete Page 8**
- **Return the form by the closing date for applications – Tuesday 31st October 2017**

| Please tick the route(s) under which you are applying - you can apply by more than one route | | |
|---|---|---|
| **Route A** | Statement of Special Educational Needs/Education, Health & Care Plan | |
| **Route B** | Special Consideration – Looked After Children/Previously Looked After Children | |
| **Route C** | Children of Staff at the School | |
| **Route D** | Christian | |
| **Route E** | Other World Faiths | |
| **Route F** | Examination **(please ensure you have registered to sit the exam on 23rd September 2017)** | |
| **Route G** | All Other Applicants | |

| CHILD'S DETAILS | | | |
|---|---|---|---|
| **Surname** | | | |
| **Forename/s** | | | |
| **Date of Birth** | DD / MM / YY | **Gender** *please circle* | Male Female |
| **Address** | | | |
| | | **Postcode** | |
| **Primary School** | | | |

| PARENT/CARER DETAILS | | | | |
|---|---|---|---|---|
| **Surname** | | | | |
| **Forename** | | | | |
| **Relationship to Child** | | | | |
| **Address** *if different to child* | | | | |
| | | | **Postcode** | |
| **Contact Numbers** | **Home** | | **Mobile** | |
| **Email** | | | | |

| CHILD'S NAME | |
|---|---|

| Route A | Statement of Special Educational Needs/ Education, Health & Care Plan |
|---|---|
| Are you are in possession of a statement of special educational needs or education, health & care plan **which names St Hilda's** following consultation with the local authority? | Please tick<br>YES ☐ NO ☐ |

| Route B | Special Consideration – Looked After Children/Previously Looked After Children |
|---|---|
| Is the child a looked-after child in the care of a local authority?<br><br>***or***<br><br>Was the child looked-after but ceased to be so because s/he was adopted (or became subject to a residence order or special guardianship order)? | Please tick<br>YES ☐ NO ☐<br><br>YES ☐ NO ☐ |
| For either of the above, please state the name of the responsible local authority and give brief details. | |

| Route C | Children of Staff at the School |
|---|---|
| Have you been employed at St Hilda's for two or more years?<br><br>*or*<br><br>Were you recruited to fill a vacant post for which there is a demonstrable skill shortage or clear need to retain staff in that area? | Please tick<br>YES ☐ NO ☐<br><br>YES ☐ NO ☐ |

| CHILD'S NAME | |
|---|---|

| Route D | Christian |
|---|---|

| Name of parent/carer with the most involvement/ commitments to the life and worship of the church * | |
|---|---|

| | CHILD Church attendance information | | PARENT/CARER * Church attendance information | |
|---|---|---|---|---|
| **Denomination** Anglican, Catholic, etc | | | | |
| **Church you attend at present** | | | | |
| **Dates attended from/to** | **From** | | **From** | |
| | **To** | | **To** | |
| **Name/s and dates of previous churches attended since 2013** *if applicable* | | | | |

How often does the parent/carer attend church and how often does the child attend church (we accept Sunday School attendance as church attendance)? Please tick the most appropriate attendance pattern in the table below. **If no one option is applicable please indicate your attendance pattern overleaf (or on a separate sheet and attach to your application form).**

| Attendance Pattern | 2015 | | 2016 | | 2017 * | |
|---|---|---|---|---|---|---|
| | Child | Parent/ Carer | Child | Parent/ Carer | Child | Parent/ Carer |
| **Weekly** | | | | | | |
| **3 times each month** | | | | | | |
| **Fortnightly** | | | | | | |
| **Monthly** | | | | | | |
| **Occasionally** | | | | | | |
| **Never** | | | | | | |

***Assume present pattern of attendance continues to the end of the calendar year***

| **If no one option of church attendance shown on the previous page is applicable, please indicate the attendance pattern here (or on a separate sheet and attach to your application form).** |
| --- |
| |

**Please now ask your family's vicar/priest/minister/lay eucharist minister, deacon or church warden to complete Pages 5 & 6.** A copy must be supplied for each church listed above which you have attended since 2013. Please give them the form in good time as they may need to verify the information.

| Route D | Christian |
|---|---|

**Pages 5 & 6 are to be completed by the vicar/priest/minister/ lay eucharist minister, deacon or church warden**

We strongly recommend the details are discussed with the parent/carer before final completion. Please provide information only about attendance **at your own church**, drawing either on your own personal knowledge or (if you were not at the church at the time) on information you have been able to **confirm personally** with other church officials. Please ensure the information is as accurate as possible. Please check the details of any information for this application and feel free to contact school in the event of any query. All references are no longer confidential.

| | |
|---|---|
| **Name of child** | |
| **Name of parent/carer with the most involvement/ commitments to the life and worship of the church** | |
| **Has this form been handed to you personally?** | YES ☐ NO ☐ |

How often does the parent/carer attend church and how often does the child attend church (we accept Sunday School attendance as church attendance)? Please tick the most appropriate attendance pattern in the table below.

| **Attendance Pattern** | **2015** | | **2016** | | **2017 *** | |
|---|---|---|---|---|---|---|
| | **Child** | **Parent/ Carer** | **Child** | **Parent/ Carer** | **Child** | **Parent/ Carer** |
| **Weekly** | | | | | | |
| **3 times each month** | | | | | | |
| **Fortnightly** | | | | | | |
| **Monthly** | | | | | | |
| **Occasionally** | | | | | | |
| **Never** | | | | | | |

***Assume present pattern of attendance continues to the end of the calendar year***

| **If no one option is applicable, please indicate the attendance pattern below (or on a separate sheet and attach to the application form). .** |
|---|
| |

| | | |
|---|---|---|
| **Have the child and parent/carer attended Sunday worship for more than 3 years at least on a monthly basis?** | Child | YES ☐ NO ☐ |
| | Parent/Carer | YES ☐ NO ☐ |
| **In your view, which of the following statements best describes the evidence of parent/carer/family commitment to the life, work and witness of the church?**<br><br>**Please tick one box only** | **Very strong** evidence | |
| | **Strong** evidence | |
| | **Reasonable** evidence | |
| | **Little** evidence | |
| | **No** evidence | |

| | |
|---|---|
| **Signed** | |
| **Full name**<br>***block capitals please*** | |
| **Position held** | |
| **Name of Church** | |
| **Telephone number** | |
| **Date** | |
| Thank you for your assistance in completing this form<br><br>Closing date: Tuesday 31st October 2017 | |

| CHILD'S NAME | |
|---|---|

| Route E | Other World Faiths |
|---|---|

| TO BE COMPLETED BY THE PARENT/CARER | |
|---|---|
| **Name of Religion** | |
| **Name of the place of worship** | |
| **How does your child participate in the life of your faith community?** | |
| **Is the child a regular worshipper in his/her faith community?** | Please tick<br>YES ☐ NO ☐ |

| TO BE COMPLETED BY THE LEADER OF THE WORLD FAITH COMMUNITY | |
|---|---|
| **Is the child a regular worshipper in his/her faith community?** | YES ☐ NO ☐ |
| **Signed** | |
| **Full name *(block capitals please)*** | |
| **Position held** | |
| **Name of Place of Worship** | |
| **Telephone number** | |
| **Date** | |
| Thank you for your assistance in completing this form<br><br>Closing date: Tuesday 31st October 2017 | |

| CHILD'S NAME | |
|---|---|

# FOR COMPLETION BY ALL APPLICANTS

## DECLARATION BY PARENT/CARER

If after making an application, any of the information given in the application form for admission, or religious enquiry form or any other form, letter or document associated with the application changes, then the Headteacher must be informed immediately. The Schools Admission Code allows admission authorities to withdraw the offer of a place if parents have given fraudulent or deliberately misleading information.

The Governing Body reserves the right to make enquiries regarding an applicant's religious practice and to seek verification of any information given on the admission form, religious enquiry form, letter or document associated with the application.

I confirm that the information on Page 1 is correct.

**Please note:** signing this section confirms that you have checked and agree with the accuracy of the information provided for each place of worship. **The Governing Body reserves the right to withdraw any offer made on the basis of false or inaccurate information.**

| | |
|---|---|
| **Signed** | |
| **Print Name** | |
| **Title *please circle*** | Mr Mrs Miss Ms Dr Rev Other …… |
| **Relationship to Child** | |
| **Date** | |

**A valid application to St. Hilda's is based on completing and submitting both the local authority common application form and this form by the due closing dates.**

**Has St. Hilda's been entered as a preference on the Home Local Authority form?** **YES** ☐ **NO** ☐

If you have not yet entered St. Hilda's as a preference, do you intend to? **YES** ☐ **NO** ☐

**Please return the Application Form by Tuesday 31st October 2017 to:**

**The Admissions Clerk, St. Hilda's CE High School,**
**Croxteth Drive, Sefton Park, Liverpool L17 3AL**