CHILD'S NAME	

ST HILDA'S CHURCH OF ENGLAND HIGH SCHOOL

SUPPLEMENTARY INFORMATION FORM FOR ADMISSION TO YEAR 7 IN SEPTEMBER 2022

- **Please complete this form having first read St Hilda's Admissions Policy 2022**
- **Also check the information provided by your home local authority**
- **Tick the criteria below you are applying under**
- **Complete the relevant sections on Pages 1-7 then complete and sign Page 8**
- **Return the form by the closing date for applications – Sunday 31st October 2021**
- **If posting, please check you have paid the correct postage**

Please tick the criterion/criteria under which you are applying - you can apply by more than one criterion

Criterion	Criterion	Number of places	Tick here
A	Education, Health & Care Plan	Places allocated automatically as required on receipt of relevant proof	
B	Looked After Children/Previously Looked After Children		
C	Children of Staff at the School		
D1	Christian	Up to 150	
D2	Other World Faiths – Muslim	Up to 10	
D3	Other World Faiths	Up to 10	
E	All Other Applicants		

CHILD'S DETAILS			
Surname			
Forename/s			
Date of Birth	Day Month Year	**Gender** *please circle*	Male Female
Address Inc Postcode			
Primary School			

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

Unable to accept applications pending OSA decision

CHILD'S NAME	

Criterion A	Education, Health & Care Plan	
Are you are in possession of an education, health & care plan **which names St Hilda's** following consultation with the local authority? **Places will be allocated automatically on receipt of relevant proof.**		Please tick YES ☐ NO ☐

Criterion B	Looked After Children/Previously Looked After Children	
Is the child a looked-after child in the care of a local authority? ***or*** 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 YES ☐ NO ☐ YES ☐ NO ☐
For either of the above, please state the name of the responsible local authority and give brief details. **Places will be allocated automatically on receipt of relevant proof.**		

Criterion C	Children of Staff at the School	
Have you been employed at St Hilda's for two or more years? *or* 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 YES ☐ NO ☐ YES ☐ NO ☐

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CHILD'S NAME	

Criterion D1	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 *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 supplementary information form).**

*In the event that during the period specified for attendance at worship the church or, in relation to those of other faiths, relevant place of worship 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, in relation to those of other faiths, relevant place of worship or alternative premises have been available for public worship.

Attendance Pattern	2019		2020 *		2021 *	
	Child	Parent/ Carer	Child	Parent/ Carer	Child	Parent/ Carer
Weekly						
3 times each month						
Fortnightly						
Monthly						
Occasionally						
Never						

the person who has legal responsibility for the child

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CHILD'S NAME	

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 supplementary information form). Also indicate if your church does not offer a weekly service.

Please now ask your family's vicar/priest/minister/lay Eucharistic minister, deacon or church warden to complete Pages 5 & 6. A copy must be supplied for each church listed. Please give them the form in good time as they may need to verify the information. We do not accept 'pp' signatures.

NB: PAGES 5 & 6 MUST INCLUDE A CHURCH STAMP
(OR SIGNED LETTERHEAD IF NO STAMP IS AVAILABLE)

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CHILD'S NAME	

Criterion D1	Christian

Pages 5 & 6 are to be completed by the vicar/priest/minister/ lay Eucharistic minister, deacon or church warden. Each page should bear the church stamp where indicated.

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 supplementary information form and feel free to contact school in the event of any query. All references are no longer confidential. Please note we do not accept 'pp' signatures. Thank you.

CHURCH STAMP **NB: also stamp Page 6** **(if no stamp is available, please confirm this on a signed letterhead)**	

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.

*In the event that during the period specified for attendance at worship the church or, in relation to those of other faiths, relevant place of worship 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, in relation to those of other faiths, relevant place of worship or alternative premises have been available for public worship.

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CHILD'S NAME	

Attendance Pattern	2019		2020 *		2021 *	
	Child	Parent/ Carer	Child	Parent/ Carer	Child	Parent/ Carer
Weekly						
3 times each month						
Fortnightly						
Monthly						
Occasionally						
Never						

If no one option above is applicable, please indicate the attendance pattern here (or on a separate sheet and attach to the supplementary information form). Also indicate if the church does not offer a weekly service.

Signed *We do not accept 'pp' signatures*	
Full name ***(block capitals please)***	
Position held	
Name of Church	
Telephone number	
E-mail address	
Date	

CHURCH STAMP **NB: also stamp Page 5** **(if no stamp is available, please confirm this on a signed letterhead)**	

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CHILD'S NAME	

Criterion D2 D3-	Other World Faiths – Muslim Other World Faiths

TO BE COMPLETED BY THE PARENT/CARER	
Name of Religion	☐ Buddhism ☐ Hinduism ☐ Islam ☐ Jehovah's Witness ☐ Judaism ☐Mormonism ☐ Sikhism ☐ Unitarianism
Name, address and postcode of the place of worship	
Is the child a regular worshipper in his/her faith community? In the event that during the period specified for attendance at worship the church or, in relation to those of other faiths, relevant place of worship 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, in relation to those of other faiths, relevant place of worship or alternative premises have been available for public worship.	Please tick YES ☐ NO ☐

TO BE COMPLETED BY THE LEADER OF THE WORLD FAITH COMMUNITY	
Signed	
Full name *(block capitals please)*	
Position held	
Name of Place of Worship	
Telephone number	
Date	
PLACE OF WORSHIP STAMP **(if no stamp is available, please confirm this on a signed letterhead)**	

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Closing date: Sunday 31st October 2021

CHILD'S NAME	

FOR COMPLETION FOR ALL CRITERIA

DECLARATION BY PARENT/CARER

If after submitting this supplementary information form, any of the information given 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	

Please note you should:

- **submit this supplementary information form to St Hilda's by the closing date**
- **complete your home local authority's common application form**

Please return this form by Sunday 31st October 2021 to:

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

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