



CHILD'S NAME

ST HILDA'S CHURCH OF ENGLAND HIGH SCHOOL

APPLICATION FORM FOR ADMISSION TO YEAR 7 IN SEPTEMBER 2019

- Please complete this form having first read St Hilda's Admissions Policy 2019
- Also check the information provided by your home local authority
- Tick the route/s 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 – Wednesday 31st October 2018
- If posting, please check you have paid the correct postage

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 22 nd September 2018)	
Route G	All Other Applicants	

CHILD'S DETAILS

Surname					
Forename/s					
Date of Birth	Day	Month	Year	Gender <i>please circle</i>	Male Female
Address					
			Postcode		
Primary School					

PARENT/CARER DETAILS

Surname					
Forename					
Relationship to Child					
Address <i>if different to child</i>					
			Postcode		
Contact Numbers	Home		Mobile		
Email					

CHILD'S NAME	
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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 YES <input type="checkbox"/> NO <input type="checkbox"/>

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? 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 <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
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? 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 <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

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Route D	Christian
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Name of parent/carer with the most involvement/ commitments to the life and worship of the church	
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	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 2014 <i>if applicable</i>				

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	2016		2017		2018 *	
	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*

CHILD'S NAME	
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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). Also indicate if your church does not offer a weekly service.

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 2014. Please give them the form in good time as they may need to verify the information. We do not accept 'pp' signatures.

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Route D	Christian
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<p>Pages 5 & 6 are to be completed by the vicar/priest/minister/ lay eucharist minister, deacon or church warden</p>

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. Please note we do not accept 'pp' signatures. Thank you.

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 <input type="checkbox"/> NO <input type="checkbox"/>

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	2016		2017		2018 *	
	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*

<p>If no one option is applicable, please indicate the attendance pattern below (or on a separate sheet and attach to the application form). Also indicate if the church does not offer a weekly service.</p>

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Have the child and parent/carer attended Sunday worship for more than 3 years at least on a monthly basis?	Child	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Parent/Carer	YES <input type="checkbox"/> NO <input type="checkbox"/>
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? Please tick one box only	Very strong evidence	
	Strong evidence	
	Reasonable evidence	
	Little evidence	
	No evidence	

Signed <i>We do not accept 'pp' signatures</i>	
Full name <i>(block capitals please)</i>	
Position held	
Name of Church	
Telephone number	
Date	
Church Stamp (if no stamp is available, please confirm this on a signed letterhead)	

Closing date: Wednesday 31st October 2018

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Route E	Other World Faiths
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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 YES <input type="checkbox"/> NO <input type="checkbox"/>

TO BE COMPLETED BY THE LEADER OF THE WORLD FAITH COMMUNITY

Is the child a regular worshipper in his/her faith community?	Please tick YES <input type="checkbox"/> NO <input type="checkbox"/>
Signed	
Full name (<i>block capitals please</i>)	
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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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 <i>please circle</i>	Mr Mrs Miss Ms Dr Rev Other
Relationship to Child	
Date	

A valid application to St Hilda's is based on:

- submitting this form to St Hilda's by the closing date
- completing your home local authority's common application form

Has St Hilda's been entered as a preference on the Home Local Authority Common Application 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 Wednesday 31st October 2018 to:

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