

ST HILDA'S CHURCH OF ENGLAND HIGH SCHOOL

SUPPLEMENTARY INFORMATION FORM FOR IN YEAR ADMISSION 2023-24

- Please complete this form having first read St Hilda's Admissions Policy 2023
- Tick the criteria below you are applying under
- Complete the relevant sections on Pages 1-9 then complete and sign Page 9
- Return the form to St Hilda's (If posting, please check you have paid the correct postage)

Please tick the crone criterion	riterion/criteria under which you are applying - you can	apply by more ti	han
Criterion	Criterion	Number of places	Tick here
Α	Education, Health & Care Plan	Places allocated	
В	Children in Care and Previously Looked After Children	automatically as required on receipt of relevant proof	
С	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						
Year Group						

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

CHILD'S NAME	

Criterion A	Education, Health & Care Plan	
	ssion of an education, health & care plan which names ng consultation with the local authority?	se tick
Places will be al	located automatically on receipt of relevant proof.	

Criterion B	Children in Care and Previously Looke	d After Childre	n
			ive details where ested
who was previous after became sub guardianship orde care of a local au	d", "previously looked after children" and any child sly looked after but immediately after being looked ject to an adoption, residence or special er. 'Looked after' means that the child was (a) in the thority, or (b) being provided with accommodation by in the exercise of their social services functions.	YES 🗆	NO 🗆
Please state the brief details.	name of the responsible local authority and give		
looked after child	ncludes looked after children and all previously ren who appear (to the admission authority) to have e outside of England and ceased to be in state care ng adopted.	YES 🗆	NO 🗆
(IAPLAC)", please	ly adopted previously looked after children e tick if a local authority or Virtual School Head has by involvement with the child and provide a relevant e.	YES 🗆	NO 🗆
It may be neces status from pare	sary for St Hilda's to request evidence of IAPLAC nts.		
_	·		

Criterion C	Children of	Staff at t	he School			
					Please	tick
Have you been e	mployed at St Hild	da's for two	or more years?	YES		NO 🗆
or						
Were you recruite demonstrable skil area?				YES		NO 🗆
CHILD'S NAME						
Criterion D1	Christian					
Name of parent/o						
			1			
		Church a	CHILD attendance information			CARER nce information
Denomination Anglican, Catholic	c, etc					
Church you atte	nd at present					
Dates attended t	rom/to	From		From		
Dates attended f	rom/to	То		То		
Name/s and date churches if applicable	es of previous					

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	20	20*	20	21	20	22
Pattern	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

ttendance p	ion of church attern here (or if your church	on a separate	sheet and att	ach to your sup	applicable, pleas oplementary info	se indicate t rmation for

CHILD'S NAME

church warden to complete Pages 6 & 7. A copy must be supplied for each church listed. Please give

NB: PAGES 6 & 7 MUST INCLUDE A CHURCH STAMP (OR SIGNED LETTERHEAD IF NO STAMP IS AVAILABLE)

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

CHILD'S NAME		
Criterion D1	Christian	

Pages 6 & 7 are to be completed by the vicar/priest/minister/ lay Eucharistic minister, catechist, 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 7

Has this form been handed to you personally?

(if no stamp is available, please confirm this on a signed letterhead)			
Name of child			
Name of parent/carer with the most in commitments to the life and worship			
	,		

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.

YES []

№ П

*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.

CHILD'S NAME	

Attendance	2020*		20	21	2022	
Pattern	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

Sel vice.	
Signed	
Mo do not accept (nn' aigmetures	
We do not accept 'pp' signatures Full name	
(block capitals please)	
Position held	
Position field	
Name of Church	
Telephone number	
E-mail address	
L-man address	
Date	
CHURCH STAMP	
NB: also stamp Page 6	
(if no stamp is available, please	
confirm this on a signed letterhead)	
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CHILD'S NAME					
Criterion D2 Other World Faitl D3- Other World Faitl					
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 pla	ace of worship				
Is the child a regular worshipper in his/community?	/her faith				
In the event that during the period specific worship the church or, in relation to those relevant place of worship has been closed and has not provided alternative premises requirements of these admissions arrange attendance will only apply to the period where relation to those of other faiths, relevant palternative premises have been available.	Please tick YES NO				
TO BE COMPLETED BY THE L	EADER OF THE	WORLD FAITH COM	MMUNITY		
Signed					
Full name (block capitals please)					
Position held					
Name of Place of Worship					
Telephone number					
Date					

CHILD'S NAME			
PLACE OF WORS	HIP STAMP		
(if no stamp is ava			

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 AND ALSO:

- Make a formal application via your current school if transferring from one Liverpool school to another Liverpool school
- or via Liverpool Council's website if new to the city or transferring from another local authority school

https://liverpool.gov.uk/schools-and-learning/school-admissions/in-yeartransfers/

Please return this form to:

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