

CONFIRMATION OF CHRISTIAN WORSHIP FORM FOR ADMISSION TO YEAR 7 IN SEPTEMBER 2027

INSTRUCTIONS FOR RETURNING THE FORM:

- **Complete and save this document**
- **Email to applications@st-hildas.co.uk**
- **Please email from the official church email address**
- **Closing date: Saturday 31st October 2026**

**Please note that we do not accept worship forms from personal email addresses.
If you experience any issues, please contact St Hilda's directly.**

We strongly recommend the details are discussed with the parent/carer before submission.

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.

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 Supplementary Information Form, Confirmation of Worship Form, letter or document associated with the application.

Please ensure the information is as accurate as possible. Please feel free to contact school in the event of any query. All references are no longer confidential.

CHILD'S SURNAME:	
CHILD'S FIRST NAME(S):	
CHILD'S DATE OF BIRTH:	
NAME OF PARENT / CARER: (A carer is defined as someone who has parental responsibility for the child)	

How often does the parent/carer attend church and how often does the child attend church?
Please tick the most appropriate attendance pattern in the table below.

Worship is deemed to be attendance at public worship on Sundays or other days of the week which is open to the public and which is free to attend.

THIS PART OF THE FORM IS TO BE COMPLETED BY THE FOLLOWING:

Vicar, Priest, Pastor, Minister, Lay Eucharistic Minister, Catechist, Deacon or Church Warden.

Please select the relevant attendance pattern below for both parent and child for 2024, 2025 and 2026.

If the parent or child did not attend your church during this period, please select the 'Never' option.
Please do not leave the below section blank.

Attendance Pattern	2024		2025		2026	
	CHILD	PARENT	CHILD	PARENT	CHILD	PARENT
WEEKLY						
3 TIMES A MONTH						
FORTNIGHTLY						
MONTHLY						
OCCASIONALLY						
NEVER						

Additional Notes:

Please indicate below if your church does not offer a weekly service and / or use this section to highlight any issues or concerns with attendance patterns.

FULL NAME:	
POSITION HELD:	
NAME AND ADDRESS OF CHURCH:	
DENOMINATION:	
TELEPHONE NUMBER:	
EMAIL ADDRESS – AS SHOWN ON CHURCH WEBSITE:	