



Trinity Secondary **Trinity Primary Taunton Road** Leahurst Road London Hither Green SE12 8PD

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SE13 5HZ

SUPPLEMENTARY INFORMATION FORM

Parents should fill in this form only if they are applying for a Foundation (Church) place. The completed form should be returned to the school by 12h00 on 31 October (for Secondary applications) and 15th January (for Primary Applications) prior to the September when admission is required.

Failure to return this form will mean your application can only be considered under the Open (Community) places. You must also complete the Common Application Form available on-line or in printed format from your Local Authority. The Common Application Form should be returned directly to your Local Authority.

Please note that **you are responsible** for checking that Trinity has received this supplementary information form to be considered for a foundation (Church) place.

SECTION A - To be completed by the Parent/Carer. Please fill all information in **BLOCK CAPITALS**

Child's First name:			
Child's Surname:			
Gender (please circle)	Male	F	- emale
Child's date of birth (format: dd/mm/yyyy)	/	/ 20	
Parent's/Carer's Full name			
Address			
	Postal Co	ode :	
Parent/Carer <i>Email</i> Address			
Home Landline number			
Mobile Number			
Name of Church			

Please ensure your priest/minister/pastor completes the rest of this form and that you return this (all forms must be returned by 31 October (Secondary) or 15 January (Primary) to Trinity Secondary School in Taunton Road SE12 8PD

For Office use only

Secondary / Primary School	TS	TP	
Church of England			
Other EA/CTBI Church	other EA/CTBI Church		
Church Other			
Sibling	Yes	No	

SECTION B - This section is to be completed by the parish priest, minister or pastor of your local church, or church you attend.

NOTE FOR CLERGY

We try to carry out the difficult task of applying the admission criteria with as much fairness and understanding as we can and we appreciate your help.

We ask that you complete the questions below as fully as possible. Please would you then send the form directly to the school to enable the applications to be considered against the criteria set down in the School's Admissions Policy which can be found on our website: www.trinitylewisham.org

The information that you supply will be used to help the admissions committee to decide if a place may be offered to the child named overleaf. The information is confidential, but may be seen also by the Appeals Committee in the event of an Appeal.

Only churches which are members of Churches Together or the Evangelical Alliance qualify for church attendance. Please check on their websites if you have any doubt. All major denominations and many groups of churches do belong.

Please complete by ticking the appropriate response:

1.	Has the child named or their parent/carer worshipped in your Church for two years or more immediately prior to
	application?

Yes	No	

2.	Have they	, attended chi	irch at least	once a month	for this two	vear period?
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Yes	No	

Only children in families where attendance is once or more a month for two years immediately prior to application are eligible for a Church place.

Your Name:

Name of Church:

Denomination:

Telephone number:

Website address:

Church Stamp (if available)

Is your Church a member of:

Churches Together in Britain & Ireland

The Evangelical Alliance

Yes	No	
Yes	No	

If your church is not a member of Churches Together or the Evangelical Alliance this application cannot be considered for a church place.

Signature of priest/minister/pastor:

Date