

Great Gaddesden CofE (VA) Primary School

Supplementary Information Form School Year 2020/2021

For entrance to the Nursery class in September 2020, this form should be completed and returned to the school office by Friday, 13^{th} March, 2020.

For entrants to other year groups for occasional vacancies that may occur, the form should be completed and returned to the school office at the earliest opportunity and it should be kept up to date by letter, email or telephone at the earliest opportunity at the beginning of each successive term.

*Please ensure all supporting evidence is attached to this form when submitted to the school.

Child details			
Surname _			
First name(s)			
Date of birth	Male or Femo	ale	
Address of family home (including postcode)			
Date required for admittance			
If attending another school, including pre-school nursery or			
Parental details (Please complete as appropriate)			
Father's Surname	First Name	Title	
Telephone number(s)			
Mother's Surname	First Name	Title	
Telephone number(s)			
Guardian/Carer (with parental responsibility)			
Surname	First Name	Title	
Telephone number(s)		1	

Criteria 1 Is your child recognised by the local authority as a child currently or previously in public care (Child Looked After)? Yes or No			
Criteria 2 Does your child have a social/medical need as out-lined in the school's admission policy? Yes or No If so, please attach relevant documentation.			
Criteria 3			
Sibling(s) who will be attending Great Gaddesden C of E VA Primary School at the time of entry.			
Name Date of birth			
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Criteria 4/5			
1. Do the parents or carers of the child reside in the Ecclesiastical Parish of Great Gaddesden or			
Nettleden?			
Yes or No			
2. Have the parents or carers of the child attended Great Gaddesden Parish Church at least once a			
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month during the previous two years			
Yes or No			
If yes, please submit evidence to support your application from the priest incumbent or the minister			
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of Great Gaddesden Parish Church.			
Criteria 6			
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Children of parents or carers, one of whom has attended a Christian Church at least once a month during			
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Name of Priest or Minister _____

Address including postcode _____

Signature of Parent:	
Signature	
Print Name	
Date	
Office Use Only:-	
Date Received:	
Evidence Received:- Yes or No	
Admitted under criteria number	