



SUPPLEMENTARY FORM FOR ADMISSION ON DENOMINATIONAL GROUNDS 2019/2020

All Saints CE School Governing Body require that this form be completed by the applicant and endorsed by the relevant Priest or Minister if the application is to be considered under the denomination criteria as follows:

Church of England and other Christian Traditions

Children from within the designated area, who themselves or whose parents/carers are practising* members of the Church of England or of another recognised Christian church or religious group*.

*Definitions:

'Practising' is defined as attendance at a Church of England or recognised church or religious group at least once per month for

- the year prior to the application deadline for normal year of entry or
- the year prior to the date of application for In Year Admissions.

A recognised church or religious group is one that subscribes to Churches Together in Britain and Ireland (see www.ctbi.org.uk) or the Evangelical Alliance, (see www.eauk.org).

Once completed by the applicant and endorsed by the relevant Priest or Minister please either:

- scan and e-mail the form to office@allsaints.dorset.sch.uk referenced to The Admissions Clerk
- post it to All Saints School at the address above marked for the Attention of the Admissions Clerk

The supplementary form must be completed and returned to school immediately on application for in year applications, or received in school within 14 days of the closing date, if for the normal year of entry. It is helpful if you could please make clearly on your application that you have submitted this form.

Continued overleaf /

All Saints School acknowledges receipt of the Supplementary form. Please ensure you have completed a formal application with Dorset County Council for a place.

Dated Signed

This slip will be returned to you - please telephone if you do not receive the acknowledgement within 14 days of sending it.

Full Name of Child:	
Date of Birth:	
Parent/Carer Name:	
Family Address :	
Name of Church/ Religious Establishment:	
Name of Priest/Minister:	
Address:	
Telephone :	
E-mail:	

Endorsement of Priest/Minister/Religious Leader	
<p>I confirm the above named child meets /does not meet* the denominational criteria detailed overleaf.</p> <p>AND/OR</p> <p>I confirm the above named parent(s)/carer(s) meet(s) /does not meet* the denominational criteria detailed overleaf.</p> <p>*delete as appropriate for each question</p>	
Signed :	Dated :
Print Name :	Position :