

Temple Ewell Church of England Primary School Supplementary Admission Application Form

Full name of child: _____

Chosen name: _____ Male / Female: _____

Address: _____

Postcode: _____

Date of birth: _____ Home telephone no: _____

Mobile no: _____

Email address: _____

Names of parents / guardians: _____

Names and date of birth of any siblings (including step, half, adopted or foster living at the same address at the time of admission to the school) attending Temple Ewell CEP School:

Are there any special medical, social or educational reasons why your child should have a place at this school? If so, please give details below and continue on a separate sheet if necessary. If you wish the Governors to consider your special reasons, please provide professionally supported evidence at the time of application.

Parents who wish to apply for a place under the Church criteria must also have the next section of the form completed by your minister or the person appointed by your church to validate school applications.

When signed and completed, please return form to Temple Ewell CEP School

Signed: _____ Date: _____

Mother/father/or person with parental responsibility

Form for Clergy

Section to be completed by parents or person with parental responsibility:

Child's name: _____

Date of birth: _____

Names of parents/guardians: _____

Main weekday address: _____

Name and address of place of worship: _____

What denomination is your church? _____

**Signature of mother/father or person
with parental responsibility** _____

Date _____

To be completed by member clergy

The parent(s), carers or guardians of this child are currently active members of my church and have been over the previous 12 months. Please tick []

The child is currently a member of Church Club or equivalent Please tick []

Please add any further information to assist the *Governors* in fulfilling their admissions process.

Please note that parents wishing to appeal for a place may have the right to see all correspondence relating to their application and appeal.

Signature of minister: _____

Position: _____

Date: _____

This form does not constitute an application under the local authority's co-ordinated admission arrangements; parents applying under the church criteria must ensure that they have named Temple Ewell CEP School as one of their preferences on the Common Application Form in addition to submitting this form to the school.