



SUPPLEMENTARY INFORMATION FORM FOR SECONDARY ADMISSIONS SEPTEMBER 2019

WOULD PARENTS KINDLY COMPLETE RELEVANT SECTIONS AND RETURN
To, Admissions, St George's Church of England Foundation School, Westwood Road, Broadstairs Kent CT10 2JH

Child's Full Name											
Date of Birth:					Age:		Male <input type="checkbox"/>	Female <input type="checkbox"/>			
Previous School											
YEAR GROUP APPLYING FOR	R	1	2	3	4	7	8	9	10	11	
Home Address:	_____										
	_____ Post Code: _____										

PARENTS

MOTHER First Name(s):	
Surname: Mr / Dr/ Other	
Address:	
Telephone Number	
E Mail Address	

FATHER First Name(s):	
Surname: Mr / Dr/ Other	
Address:	
Telephone Number	
E Mail Address	

CHURCH

Name of Church normally attended by child	
Name of Clergy	
Address	

Name of Church normally attended by parents	
Name of Clergy	
Address	

If you or your child have not been a member of the above church for more than 12 months, please include details of your previous church in the space provided over the page.

CHURCH CONTINUED.

Only complete if attendance at present school less than 12 Months	
Name of Church	
Name of Clergy	
Address	
If you complete this section you will need to obtain an additional clergy from the school, to be completed by the Clergy named in this section.	

SIBLINGS

Name(s) of brother(s) and/or sister(s):	Age:	Year Group/House in Sept 2017

CHURCH AFFILIATED GROUPS

<p>Does the Applicant attend any Church Affiliated Groups such as Brownies, Guides, Scouts, Cubs, Sea Cadets, boys Brigade, Youth Clubs? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes give details _____</p> <p>(Please provide written evidence from any of the above named clubs)</p>

Is your child in Public Care?

YES NO

Please tick appropriate box

Does your child have a Statement of Special Education Needs?

YES NO

Please tick appropriate box

Has your child been adopted?

YES NO

Please tick appropriate box

Does your child have armed forces parents?

YES NO

Please tick appropriate box

Are you a member of staff at St George's C of E Foundation School?

YES NO

Please tick appropriate box

OTHER

<p>PLEASE LIST ANY OTHER INFORMATION WHICH YOU WOULD LIKE US TO BE AWARE OF IN RELATION TO MEDICAL, HEALTH, SOCIAL AND SPECIAL ACCESS REASONS. <i>(Please attach copies of supporting written evidence from a suitable qualified medical or other practitioner)</i></p>
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I/We would like to apply for a place at St. George's School for my/our child as above.

Signature of Parent: _____ Date: _____

Signature of Parent: _____ Date: _____

If you wish to apply for a place at the School, it is in your child's interest for you to make an appointment with your local clergy to have the clergy form completed and signed and should there be any problems these can be discussed at that meeting. It is essential that you make an appointment as early as possible to avoid disappointment. It is important that you are aware that the clergy does not necessarily have to be a Church of England vicar but the Church must be a member of the Council of "The Churches Together in England and Wales". Please provide a stamped addressed envelope addressed to the school. All forms MUST be returned to the school by **FRIDAY, 9TH NOVEMBER 2018**. We strongly **recommend that you obtain a certificate of posting** if you send your form by post. Please enclose a small stamped addressed envelope for confirmation of receipt or I can confirm receipt by e mail if requested.



SUPPLEMENTARY INFORMATION FORM/CLERGY'S FORM FOR SECONDARY ADMISSIONS SEPTEMBER 2019

WOULD PARENTS/CLERGY KINDLY COMPLETE THE RELEVANT SECTIONS AS INDICATED AND RETURN

TO: Admissions, St. George's Church of England Foundation School, Westwood Road, Broadstairs, Kent CT10 2LH.

PARENTS TO COMPLETE

Child's Full Name(s):		DOB
Home Address:	<hr/> <hr/> <hr/>	
	Post Code: _____	

YEAR GROUP APPLYING FOR	R	1	2	3	4	7	8	9	10	11
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CLERGY TO COMPLETE

I would like to confirm the above mentioned child has been attending my Church/Sunday School for:	____ (Years) ____ (Months)
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- | | | | |
|--------------|--|--|-----------------------------|
| REGULARLY | (Almost Every Week) | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> | PLEASE TICK
RELEVANT BOX |
| | (Fortnightly) | | |
| FREQUENTLY | (Once a Month) | | |
| OCCASIONALLY | (Church Festivals/Church Parade/School Services) | | |
| INFREQUENTLY | (Hardly Ever) | | |
| | (Never) | | |

I would also like to confirm that the parents of the above mentioned child has been attending my Church for:	____ (Years) ____ (Months)
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- | | | | |
|--------------|--|--|-----------------------------|
| REGULARLY | (Almost Every Week) | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> | PLEASE TICK
RELEVANT BOX |
| | (Fortnightly) | | |
| FREQUENTLY | (Once a Month) | | |
| OCCASIONALLY | (Church Festivals/Church Parade/School Services) | | |
| INFREQUENTLY | (Hardly Ever) | | |
| | (Never) | | |

The child is also a member of one of the Church Affiliated Organisations (e.g. Brownies, Guides, Cubs, Scouts, Sea Scouts, Boys Brigade, or Youth Club etc.). Please state which clubs the child attends: _____

Please add any further comments which you feel may be of use to the School: Known personally to me – On Sunday register (Yes <input type="checkbox"/> No <input type="checkbox"/> <hr/> <hr/>

Name: _____ Office Held: _____
(PLEASE PRINT)

Signature: _____ Date: _____

Telephone Number: _____

In inviting a member of the Clergy to complete this form the Headteacher would like to express his very sincere thanks for the help and co-operation that the School has received in regard to this matter over the past years, and in anticipation, this year too. Should any problems occur please do not hesitate to contact the School. **WOULD THE CLERGY PLEASE RETURN THIS FORM DIRECTLY TO THE SCHOOL IN THE PRE-PAID ENVELOPE (PROVIDED BY PARENTS) NO LATER THAN FRIDAY, 9TH NOVEMBER 2018 FOR SECONDARY APPLICATIONS.**