



2019/2020 Application

Tick the Year Group you are applying for:

Nursery

Reception

Other Year Group (specify) _____

Parent: Complete Section A

Give your completed form to your priest or minister. Ask them to complete Section B and stamp. Deliver both sections to the **Grove Site School Office**. Receive confirmation slip of receipt. We do not accept SIF's via email.

Please note the Office WILL NOT accept Supplementary Information Forms for Nursery or Reception 2019/20 applications before 1st September 2018.

SIF Section A (completed by Parent)

| | | | |
|--------------------|--|-----------|--|
| Child's First Name | | Address | |
| Child's Surname | | Postcode | |
| Date of Birth | | Telephone | |
| Parent Name | | Mobile | |

| | | | |
|-----------------------------|--|------------------------|--|
| Names of Siblings at School | | Year Group of Siblings | |
|-----------------------------|--|------------------------|--|

| | | | |
|-----------------|--|--------------------------|--|
| Church Attended | | Date of Child's Baptism* | |
| Denomination | | Church Baptised | |

| | | | |
|-------------|--|-------------------------|--|
| Parent Sign | | Date of Signing | |
| Print Name | | <i>School Use Only:</i> | |

*When you submit this form, attach a photocopy of the Child's Baptismal Certificate



THE CHURCH OF ENGLAND

CHRIST THE SAVIOUR SCHOOL

EALING, LONDON. W5 5DX
Supplementary Information Form



Section B Must be completed by the Priest/Minister

For those who are **not** Church of England clergy, this form should be completed by the equivalent clergy/minister.

| | | | |
|-------------------------|--|------------------|--|
| Child's Name | | Church Name | |
| Denomination | | Church Address | |
| Date of Child's Baptism | | Church Postcode | |
| Name of Vicar | | Church Telephone | |

1. Denomination and Years/Months Worshipping

Tick One

| | | | |
|--|--------------------------|------------------------------------|--------------------------|
| Church of England | <input type="checkbox"/> | Affiliated to Evangelical Alliance | <input type="checkbox"/> |
| Affiliated to Churches Together in Britain & Ireland | <input type="checkbox"/> | Affiliated to other Faith Group | <input type="checkbox"/> |
| Other Faith Group/ World Religion* | <input type="checkbox"/> | Specify World Religion: | <input type="text"/> |

2. Length of Time Worshipping at Church Above

| | | | |
|-------|----------------------|--------|----------------------|
| Years | <input type="text"/> | Months | <input type="text"/> |
|-------|----------------------|--------|----------------------|

3. The parent(s) attends and worships at this church:

| | | |
|--------------------------|--|--------------------------|
| Weekly | Twice Monthly <i>(minimum requirement to be ranked under admission criteria 2 to 7)</i> | Occasional Attendance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. At least one parent is a member of the electoral roll or church membership list

Yes No

5. The family are on the church stewardship scheme:

Yes No

6. Please list recognised positions of responsibility or involvement within the church:

| |
|----------------------|
| <input type="text"/> |
|----------------------|

7. Clergy Reference/ Comments and stamp:

| | | | |
|---------|----------------------|-------|----------------------|
| Signed: | <input type="text"/> | Date: | <input type="text"/> |
|---------|----------------------|-------|----------------------|