



THE GOVERNORS

of the

THE EDWARD BETHAM CHURCH OF ENGLAND PRIMARY SCHOOL
Oldfield Lane South, Greenford, Middlesex UB6 9JU

DIOCESE OF LONDON



For office use only			
Date application received:		Criteria Ranking Code:	Ranked by:
Type of proof of address seen:		Proof of address seen and checked by:	

**SUPPLEMENTARY INFORMATION FORM
FOR A PLACE AT THE EDWARD BETHAM CHURCH OF ENGLAND PRIMARY SCHOOL
(THIS IS NOT AN APPLICATION FORM)**

Please complete this Supplementary Information Form in **BLOCK** letters.
The form will then need to be taken to your clergy, minister or religious leader to complete if appropriate.

Please note it is essential that a Common Application Form is also completed. It is preferable that this is done on-line and can be accessed at www.ealing.gov.uk/admissions. However, a paper copy can be obtained from the London Borough of Ealing and once completed, should be returned direct to them. Please confirm that you have completed a Common Application form and supply the reference number below:

CAF reference Number _____

THIS SECTION SHOULD BE COMPLETED BY ALL APPLICANTS

Legal surname:		(Preferred surname if different):	
Legal forename:		(Preferred forename if different):	
Birthdate:		Sex: M/F	Date you wish child to be admitted:

PLEASE PROVIDE CONTACT DETAILS FOR EVERYONE WHO HAS PARENTAL RESPONSIBILITY

Parent/Carer 1

Parent/Carer 2

Does mother have parental responsibility for pupil?		YES/NO	Does father have parental responsibility for pupil?		YES/NO
Relationship to Child:			Relationship to Child:		
Name:	M		Name:	M	
Address:			Address:		
Postcode:			Postcode:		
↓ Mobile ↓			↓ Mobile ↓		
Home no:			Home no:		
E-mail:			E-mail:		

SUPPLEMENTARY INFORMATION SECTION

Other information: I/We would like the Governors to take into account the following **medical** or **social** needs of the child, and we **enclose** documentary evidence from a Consultant or Social Worker of the need: (please continue on an extra sheet of paper if necessary). It is essential that as much information is provided at the time of application – information submitted after the closing date cannot be considered.

I/We have other children present at The Edward Betham Church of England Primary School and who will be attending after the admission date of this application: (please specify name(s) and classes)

Name:		Current Class:	
Name:		Current Class:	
Name:		Current Class:	

PLEASE SIGN BELOW TO SAY THAT YOU HAVE READ AND UNDERSTOOD THE ADMISSIONS POLICY AND NOTES:

Signed:		Name in capitals:	
Relationship to child:		Date:	

RELIGIOUS AFFILIATION (optional)

I/We (name of Parent/Guardian)							
attend (please give below the name and address of your church or other place of worship)							
I/We attend this place of worship	Weekly		Fortnightly		Monthly		Festivals only
How long have you attended? At least one year	Yes		No		(please answer both questions with a tick)		

This section to be completed by the Clergy, Minister, or Religious Leader of the applicant:

I (please print).....agree/do not agree* with the assessment made by the applicant(s). This information will be available to the applicants. (*Please delete as appropriate).

Please comment if necessary:

For Christian referees:

Is your Church/Denomination in full membership of:

The National **Churches Together in England (CTE)**? Yes No (Please tick)
 The **Evangelical Alliance**? Yes No

Signed:		Name in capitals:	
Position Held:		Telephone Number:	
Religious organisation:		Date:	

Where possible please endorse with official stamp

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