



**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:		Checked 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](http://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 FORM SHOULD BE COMPLETED BY APPLICANTS FOR A FOUNDATION PLACE (AS SET OUT IN CRITERIA 2, 4 AND 5 OF THE POLICY FOR ADMISSION TO THE SCHOOL). ONCE COMPLETED PLEASE TAKE THIS FORM TO YOUR CLERGY, MINISTER OR RELIGIOUS LEADER WHERE APPROPRIATE.**

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				Alternative Contact					
Does this contact have parental responsibility for pupil?				YES/NO	Does this contact have parental responsibility for pupil?				YES/NO
Relationship to Child:					Relationship to Child:				
Name:	M			Name:	M				
Address:				Address:					
Postcode:		↓ Mobile ↓		Postcode:		↓ 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**

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 twice a month or more	Yes		No
How long have you attended? At least one year	Yes	No	(please answer both questions with a tick)
In the event that during the period specified for attendance at worship the church or, in relation to those of other faiths, relevant place of worship has been closed for public worship and has not provided alternative premises for that worship, the requirements of these [admissions] arrangements in relation to attendance will only apply to the period when the church or in relation to those of other faiths, relevant place of worship or alternative premises have been available for public worship.			

**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