



Trent School Admissions Code

Supplementary Information Form (Church)

If you are applying to Trent under criteria 4,5 or 6 of the over-subscription admission criteria, please complete the following.

Please notify the school should any of your circumstances change.
The current Admission Criteria in the event of over-subscription are listed on the enclosed sheet.
Please return this form to the school before the closing date of Admission for your Borough of Residence.

Child's Surname	Child's First Name(s)	Date of Birth
Name and address of Parent/s		
<p>Full Name:</p> <p>Address:</p>		
<p>I confirm that I have read and understood the Admissions Policy and that the information I have provided is true and correct. I understand that I must notify the school immediately if there is any change to these details and that should any information I have given prove to be inaccurate, that the governors may withdraw any offer of a place even if the child has already started school.</p> <p>Date:</p> <p>Signed:</p>		

If you are applying under criteria 4 or 5 Please ask YOUR MINISTER to complete this section.

The Governors are required to ensure that their Admission Criteria and procedures are adhered to and would be grateful if you could complete this questionnaire to confirm the named family's association with your church.

Name of Child	Name of Parent
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CHRIST CHURCH COCKFOSTERS (CRITERIA 4 AND 5)
<p>Please tick just one of the following:</p> <p>Has the above named adult attended Christ Church, in person, at least twice a month for the last 24 months up to the January application deadline? (Please check the exact date)</p> <p style="text-align: center;">YES NO</p> <p>Has the above named adult attended Christ Church, in person, at least twice a month for the last 12 months up to the January application deadline?* (Please check the exact date)</p> <p style="text-align: center;">YES NO</p> <p><small>*for in year admissions, the 24 and 12 months attendance is related to 'at time of signing'.</small></p>

To the best of my knowledge, this is a true and accurate statement.	
Signed	Name (Please print)
Position	Church Name and Stamp
Contact Telephone Number	Date

If you are applying under criteria 6
Please ask YOUR MINISTER to complete this section.

The Governors are required to ensure that their Admission Criteria and procedures are adhered to and would be grateful if you could complete this questionnaire to confirm the named family's association with your church.

Name of Child	Name of Parent
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<p>OTHER CHURCHES (CRITERIA 6) (Member of Churches Together in Britain or Evangelical Alliance)</p> <p>Name of Church:</p>
<p>Please tick just one of the following:</p> <p>Is the above named church a member of Churches Together in Britain or Evangelical Alliance?</p> <p style="text-align: center;">YES NO</p>
<p>Please tick just one of the following:</p> <p>Has the above named adult attended your church, in person, at least twice a month for the last 12 months up to the January application deadline*? (Please check the exact date)</p> <p style="text-align: center;">YES NO</p> <p><small>*for in year admissions, the 24 and 12 months attendance is related to 'at time of signing'.</small></p>

To the best of my knowledge, this is a true and accurate statement.	
Signed	Name (Please print)
Position	Church Name and Stamp
Contact Telephone Number	Date