The Church of England Diocese of Sheffield

Additional Information to make an Application for a Church of England Aided School

PLEASE COMPLETE IN BLOCK CAPITALS

Name of Pupil for whom application is made .................................................................

1. Is the application for a local school? □ YES □ NO
2a. Are you a member of a Christian Denomination/World Faith? □ YES □ NO
2b. If yes please name the Christian Denomination/World Faith.

.................................................................................................................................

3a. If appropriate Please name your present parish/place of worship

.................................................................................................................................

3b. How frequently have you attended this place of worship and for how long?

.................................................................................................................................

4. Is this application made because you want a Christian education for your child? (Because you want your child to be educated within a Church of England School?) □ YES □ NO

5a. Is this application being made because of a regular pattern of worship by parents/carers (at least once a month over the past two years) or by the child him/herself (at least once a month over the past twelve months)? □ YES □ NO

5b. If yes please complete the Minister’s Referral form over page and then ask your minister of religion to countersign it.

Full Name and signature of person(s) completing this form:

Name ...........................................................................................................................

Signature .....................................................................................................................
Minister of Religion Referral Form

Name of child: ..................................................................................................................................................

Name(s) of parent/carer ......................................................................................................................................

Address of parent/carer ....................................................................................................................................

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In determining faith admission applications priority is given to:-

a) those children whose parents/carers can prove a long-standing and regular pattern of
worship at any public place of worship. This is defined as worship by at least one
parent/carer at least once a month over the last two years.

b) Those children who have attended on average once a month a place of public worship
(e.g. church, Sunday School, Mosque, Temple.)

The parents/carers are asked to complete the details below at Section 1 and then ask their
minister of religion to countersign the form at Section 2.

Section 1

a) We the parent/carer(s) of .............................................. have/have not worshipped
at least once a month for the last two years at .................................................................

b) Our child (name of child) ............................................. has/has not attended a
place of public worship once a month for the previous twelve months.

Signed (parent/carer) ........................................... Date ..........................................................

Section 2

Countersign by minister of religion ..............................................................................................................

Date .................................................................

Name of minister of religion .........................................................................................................................

Tel Number ........................................................

Address ...........................................................................................................................................................

.........................................................................................................................................................................

Any other comments ........................................................................................................................................

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Thank you for your help

Sheffield City Council • Children and Young People and Families Service • Pupil Admissions
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