

Please return this directly to the CofE school you are applying to. Extra copies can be downloaded from www.sheffield.gov.uk/pupiladmissions or by calling 273 5766.

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

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Any other comments

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Thank you for your help