



BLUE COAT CHURCH OF ENGLAND ACADEMY

SUPPLEMENTARY INFORMATION FORM

APPLICATION FOR A PLACE ON FAITH GROUNDS

This form should only be completed for pupils whose families have been faithful and regular worshippers for at least twice a month for two years prior to application in a Church of England Parish Church or other Anglican place of worship, or in another Christian Church affiliated to Churches Together in Britain and Ireland (CTBI) and/or the Evangelical Alliance

1. Full Name of Child **Date of Birth (ddmmyy)**

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2. Address and Postcode

Email Address:	Contact No.

3. Name and Address of Church/Place of Worship attended

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4. Denomination (please tick)

Church of England	<input type="checkbox"/>	Society of Friends (Quaker)	<input type="checkbox"/>
Baptist	<input type="checkbox"/>	Salvation Army	<input type="checkbox"/>
Methodist	<input type="checkbox"/>	United Reformed Church	<input type="checkbox"/>
Orthodox	<input type="checkbox"/>	Other Christian	<input type="checkbox"/>
Roman Catholic	<input type="checkbox"/>		<input type="checkbox"/>

If you have ticked "Other Christian" above, please specify

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5. How long have you/the child worshipped here?

Parent(s) / Guardian(s):

Child:

Years & Months

Years & Months

6. How many times per month (including weekday services) do you/the child worship

Parent(s)/Guardian(s):

Child:

x per month

x per month

7. If you have moved within the last two years, please give details of your previous place of worship and length/frequency of attendance

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8. Does your child currently attend a designated “Feeder” Primary School (see Appendix A of the Academy Admissions Policy)?

Yes
No

If Yes, please state name of the Primary School Attended:-

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9. Name of Minister/Faith Leader of your current place of worship & Contact details

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10. Declaration by Parent/Carer

I certify that these details are, to the best of my knowledge, correct

Signed:

(Parent/Guardian)

Date:

Name of person signing (Please print in BLOCK CAPITALS)

11. Declaration by Faith Leader (Your faith application will only be accepted if the details below are provided and it is signed and stamped by your Faith Leader)

I certify that the information in Sections 3-6 is, to the best of my knowledge, correct

Signed:

Official Stamp:

Name:

Email Address:

Contact Number:

(Minister/Faith Leader)

Date:

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THIS FORM MUST BE COMPLETED IN FULL, SIGNED AND STAMPED BY YOUR FAITH LEADER AND RETURNED DIRECTLY TO THE ACADEMY AT THE ADDRESS SHOWN BELOW BY 31ST OCTOBER 2022 AT THE LATEST

PLEASE RETURN TO:

**Mrs S Cawley
Student Support Services
Blue Coat CE Academy
Birmingham Street
Walsall
WS1 2ND**

**Tel: 01922 720558
Email: st-cawley-s@bluecoatacademy.org**