



TRINITY CHURCH OF ENGLAND HIGH SCHOOL

Higher Cambridge Street, Manchester, M15 6HP

Tel. 0161 226 1900

SUPPLEMENTARY FORM FOR 2018 ADMISSIONS

Guidance Notes for the Completion of this Form

- All the relevant sections should be completed clearly in black ink.
- If you are asking your minister or religious leader to act as a referee you should make sure that their section is completed by them and handed back to you.
- This supplementary form must be returned to Trinity C of E High School.
- The common application form must have Trinity named in it and be returned to your Local Authority.
- You are responsible for making sure both forms are returned by 31st October, 2017.

Full details of the application process and admissions policy for each annual intake are on the school website and printed in the school's prospectus. Please read before completing this form. There are two grounds of application, and you need to decide which your application is based on:

Either; religious commitment. *If you have a religious leader, please ask him or her to complete **Section A**. The parent/carer should complete **Section B**.*

Or; on grounds of the student having an Education and Health Care Plan, formerly known as a Statement of Special Educational Needs or if the student is or was previously Looked After (in Public Care) **Section C** should be completed.

Student's surname: _____

Student's forenames: _____

Date of birth: _____ Boy Girl (Please tick)

Address: _____

Postcode: _____

Telephone: _____ Mobile: _____

School currently attending: _____

Please name any brothers or sisters at present attending Trinity C of E High School:

_____ in year(s) _____

Section A – If you attend a place of worship, this religious reference section should be completed by your Priest/Minister/ Religious Leader. Parents do not complete this section.

- Would the person to whom this form is given please complete this section and hand it back to the parent.
- Parents/carers are then responsible for returning the completed form to Trinity by the closing date: **31st October, 2017**

1. How frequently does this child attend your place of worship?

- a) Weekly or more d) Rarely
b) Fortnightly e) Never
c) Monthly

Please tick a, b, c, d or e as appropriate.

2. For how many years has this attendance been sustained? _____

3. How frequently does one of the child's parents/guardians attend for worship?

- a) Weekly or more d) Rarely
b) Fortnightly e) Never
c) Monthly

Please tick a, b, c, d or e as appropriate.

4. For how many years has this attendance been sustained? _____

5. Are there any other reasons for commending this child? It would be helpful for any relevant information to be included here, especially involvement in church and other faith activities. (Please do not comment on the ability of the child).

6. Please tick this box if either you or the applicant have moved in the last two years. (If this is the case, and you cannot confirm their attendance before this time, applicants should provide you with the necessary information.)

Signed: _____ Date: _____

Priest/Minister/Pastor/Rabbi/Pandit/Imam/other (*please state*): _____

Name of the place of worship: _____

Your name: _____

Address: _____

Telephone Number: _____

Christian Denomination or other Faith: _____

Please endorse with the Official Stamp of the Church or Place of Worship.

