

Higher Cambridge Street, Manchester, M15 6HP Tel. 0161 212 1900 www.trinityhigh.com

**SUPPLEMENTARY APPLICATION FORM FOR 2025 ADMISSIONS**

**Guidance notes for the completion of this form**

* All the relevant sections should be completed clearly in **BLOCK CAPITALS**. This includes the front page, **either** Section A, B, C, D, E, F or G, **and** the declaration on the back page.
* If you are asking your minister or religious leader to complete a section on this form, you should make sure that their section is completed by them and handed back to you.
* This supplementary form must be returned to Trinity CE High School. This can be done by post, in person or via e-mail: admissions@trinityhigh.com
* You must also apply for a school place through your Local Authority, stating Trinity as a preference.
* Please complete the form by hand, rather than digitally – all signatures need to be hand signed.
* You are responsible for making sure that you submit an application to the Local Authority and the Supplementary Application Form to Trinity CE High School by **31st October, 2024.**

**Variation to admission arrangements for 2025 due to**

**COVID-19**

Please see the note on the final page of the form.

The full details of the application process and admissions policy for each annual intake are on the school website. Applications can be made based on the following criteria; parents/carers need to decide which their application is based on and complete the relevant necessary section:

**Section A** The applicant has an Education and Health Care Plan.

**Section B** The applicant is either Looked After (in Public Care) or Previously Looked After.

**Section C** The parent of the applicant is a current member of staff at Trinity CE High School.

**Section D** The applicant is of the Anglican faith. Part 1 to be completed by your religious leader and Part 2 to be completed by the parent/carer.

**Section E** The applicant is of the faith of another Christian denomination. Whole section to be completed by your religious leader.

**Section F** The applicant belongs to another world faith. Whole section to be completed by your religious leader.

**Section G** The applicant does not fit into any of the Section A - F categories.

Student’s surname: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s forename(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male Female (Please tick)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please name any brothers or sisters (not cousins or other

relatives) at present attending Trinity CE High School:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in year(s) \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Office Use** | | | |
| **Category of application** | **ID number** | **Receipt**  **given?** | **Inputted into system?** |
|  |  |  |  |

**Section A** **The applicant has an Education and Health Care Plan.**

I can confirm that the applicant has an Education and Health Care Plan

*NB: Please provide documentary evidence in support of your application.*

**Section B** **The applicant is either Looked After (in Public Care) or Previously Looked After.**

I can confirm that the applicant is or was previously Looked After (in Public Care)

*NB: Please provide documentary evidence in support of your application.*

**Section C** **The parent of the applicant is a current member of staff at Trinity CE High School.**

I can confirm that I am a current member of staff at Trinity CE High School

**Section D The applicant is of the Anglican faith.**

**PART 1 – to be completed by religious leader**

If you attend an Anglican place of worship, this religious verification section should be completed by your Church Leader:

* Would the person to whom this form is given please complete this section and hand it back to the parent/carer.
* Parents/carers are then responsible for returning the completed form to Trinity CE High School by the closing date: **31st October, 2024.**

1. Has the child attended church:

□ At least 12 times in the last year □ Less than 12 times in the last year. □ Never

2. Has the parent/carer attended church:

□ At least 12 times in the last year □ Less than 12 times in the last year. □ Never

3. Has the child been baptised?

□ Yes 🞏 No

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Priest/Minister (please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name*:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the place of worship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 2 – to be completed by parent/carer**

Do you have a copy of your child’s Certificate of Baptism? □ Yes 🞏 No 🞏 Not Baptised

*NB: If you have ticked ‘Yes’, please provide a copy of the Certificate of Baptism.*

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

**Section E The applicant is of the faith of another Christian denomination.**

**Whole section to be completed by your religious leader**

If you attend a place of worship of another Christian denomination, this religious verification section should be completed by your religious leader.

* Would the person to whom this form is given please complete this section and hand it back to the parent/carer.
* Parents/carers are then responsible for returning the completed form to Trinity CE High School by the closing date: **31st October, 2024.**

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

a) □ Weekly or more d) □ Rarely (less than monthly)

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/carers ***normally*** attend 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. 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 are able to provide an additional copy of Section E

from previous faith leaders and/or place of worship.)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Priest/Minister/Pastor/other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the place of worship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Christian Denomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Normally =*** does not include the period of enforced closure due to COVID-19.

***Normally =*** does not include the period of enforced closure due to COVID-19.

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

**Section F** **The applicant belongs to another world faith.**

**Whole section to be completed by your religious leader.**

If you attend a place of worship of another world faith, this religious verification section should be completed by your religious leader.

* Would the person to whom this form is given please complete this section and hand it back to the parent/carer.
* Parents/carers are then responsible for returning the completed form to Trinity CE High School by the closing date: **31st, October, 2024.**

*Please see questions overleaf.*

**Section F** ***continued…***

1. Are the child AND family active and practising members of their faith?

□ Yes 🞏 No

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Priest/Minister/Pastor/Rabbi/Pandit/Imam/other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the place of worship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faith: □ Buddhism □ Judaism

🞏 Hinduism 🞏 Islam

□ Sikhism

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

**Section G** **The applicant does not fit into any of the Section A - F categories.**

I can confirm that the applicant does not fit into any of the Section A – F categories

**To be completed by all parents/carers:**

I apply for a place for my child at Trinity CE High School in September, 2025:

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dated:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mr/Mrs/Ms/Miss/Dr/Rev**

**VARIATION TO ADMISSION ARRANGEMENTS FOR 2025, DUE TO COVID-19**

The following applies to those applying under Section D, E and F in this Supplementary Application Form (referenced as Number 3, 4 and 5 in the ‘oversubscription criteria’ section in the Admissions Policy for 2025):

*In the event that during the period specified for attendance at worship the church or place of worship has been closed for public worship and has not provided alternative premises for that worship, the requirements of these admissions arrangements in relation to attendance will only apply to the period when the church or place of worship or alternative premises have been available for worship. The word ‘normally’ has been inserted with an explanation in Section E in the Supplementary Application Form.*

The oversubscription criteria is unaffected for those applying under Section A, B, C, or G.

**REMEMBER, this form must be completed and returned to school by 31st October, 2024. You will receive a receipt when you submit your application form.**



Student’s surname: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s forenames: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Boy  Girl  (Please tick)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary school attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in year(s) \_\_\_\_\_\_\_\_\_\_