



Date received by school

Supplementary Information Form

This form must be completed by the parent/carer of the child for whom application to Hope Community School is made. The information provided will be used in accordance with the Data Protection Act 1998.

Child's Name: _____

Date of Birth: _____

Faith priority:

If so please give details of which Christian denomination: _____

No faith priority

If no faith priority no further sections need to be completed.

Pupils applying under Faith Criteria

The following questions should be answered if you are applying for a place at Hope Community School under criterion set out in the section 'Faith Based Places' as per the Admissions Policy.

Hope Community School's Admissions Policy is available on our website:
www.hopecommunityschool.org.uk

20% of school places will be allocated to children from faith backgrounds in the following priority:
Children whose parents are:

1. active members of New Generation Church
2. active members of other Christian churches in the local area

Active membership in New Generation Church means that they are a formal member of New Generation Church.

Active membership of other Christian churches in the local area means that they are a formal member of a Church that is part of the Churches Together in Sidcup group. Where there is no formal membership, an active member is a baptised and/or confirmed member of the congregation who regularly attends the church as evidenced in writing by their Minister or other recognised church leader in the declaration contained in the Supplementary Information Form.

Place of Worship attending: _____

Date attended since: _____

Declaration of Minister

Applications for faith places must be signed from an authorised minister.

I declare that the applicant is an active member of _____. I declare that the information on this form is correct and that I will notify you in writing of any change in circumstances, which may affect the offer of a school place.

Name of Minister: _____

Signature: _____

Date: _____

Any other relevant information to support your application:

Declaration of parent/carer:

I declare that the information on the form is correct and that I will notify you in writing of any change in circumstances, which may affect the offer of a school place.

Name of parent(s)/carer(s): _____

Signature: _____

Date: _____

Please note that in support of your application the Governing Body may need to seek further information.

Completed forms should be returned to Hope Community School by 15th January 2019

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www.hopecommunityschool.org

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