**Form AD2: Supplementary Information Form**

**(Other World Faiths)**

This form should be completed for any child who wishes to apply for a place at St Margaret’s on the basis of their adherence to another World Faith (other than Christianity). Not filling in this form could decrease the applicant’s chances of success. Those wishing to apply for a place in Year 7 on the basis of faith should:

* complete **parts 1, 2, and 3 of Section A**, and sign at **part 5**; and
* pass this form to a faith leader, asking them to complete **part 4** and to return the whole form to the Admissions Clerk at St Margaret’s Academy by **Tuesday 31st October 2023**.

Those wishing to apply for a place in any other year, or at any other time, should complete this form and return it at the time of their application.

This form should be read alongside our Admissions Policy (available on our website).

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| **Section A: All Applicants** | | | | | | | | | | |
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| **1** | Please give the following information about the child. If s/he lives at more than one address, please refer to the school’s Admissions Policy, which gives details about which address should be given here. | | | | | | | | | |
| Child’s Surname: |  | | | | | | | | |
| Child’s First name(s): |  | | | | | | | | |
| Child’s Date of Birth: |  | | | | | | | | |
| Child’s Address:  Postcode: |  | | | | | | | | |
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| **2** | Please give the following information about an adult with parental responsibility for the child. If a second adult also has parental responsibility for the child, their details may be given in the second column. | | | | | | | | | |
| Parent’s Surname: |  | | |  | | | | | |
| Parent’s Title (Mr/Ms *etc*): |  | | |  | | | | | |
| Parent’s First name(s): |  | | |  | | | | | |
| Parent’s Address: |  | | |  | | | | | |
| Postcode: |  | |  |  | | |  | | |
| Parent’s ’phone numbers: |  | | | | | | | | |
| Daytime/Evening |  | | |  | | | | | |
| Mobile |  | | |  | | | | | |
| Parent’s Email address (optional) |  | | |  | | | | | |
|  | | | | | | | | | | |
| **3** | Is the child a Looked After Child (see Admissions Policy for details)? | | | | | **Yes** |  | | **No** |  |
| Does the child have an Education Health Care Plan that names St Margaret’s as the only school he can attend? | | | | | **Yes** |  | | **No** |  |

*/continued overleaf*

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| **Section B: Applications on the basis of Faith**, continued | | | | | | | | | |
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| **4** | **Other World Faith applications** | | | | | | | | |
| Name, address and postcode of worship centre: | |  | | | | | | |
| Religion (please tick): | | | | | Buddhism | | |  |
| Hinduism | | |  |
| Islam | | |  |
| Jehovah’s Witnesses | | |  |
| Judaism | | |  |
| Mormonism | | |  |
| Sikhism | | |  |
| Unitarianism | | |  |
| Name of the faith leader completing this form: | |  | | | | | | |
| Position in faith community: | |  | | | | | | |
| Address of the faith leader completing this form:  Postcode and ’phone number: | |  | | | | | | |
|  | |  | |  | | |
| Has a parent/carer or step-parent of the boy named overleaf,attended worship at least **four** times per month between  1st September 2021 and 31st May 2022? | | | | | | **Yes** |  | |
| **No** |  | |
| If so, please state the name of the parent/carer or  step-parent, and their relationship to the boy.  **Failure to complete this section may disadvantage the applicant.** | | | | Name: | |  | | |
| Relationship to boy: | |  | | |
| Has the boy named in part **1** attended worship at least **four** times per month between 1st September 2021 and 31st May 2022? | | | | | | **Yes** |  | |
| **No** |  | |
| **Signature**  **(of faith leader):**  **Please note: ‘pp’ signatures will not be accepted** |  | | **Please print name:** |  | | **Date:** |  | |
| This form may be **stamped** with an official stamp, or accompanied by a sheet of **headed-**  **notepaper**, from the place of worship in question (see section **17** of our Admissions Policy). | | | | | | | | |

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| **Section C: Parental signature (to be signed by the parent named in the first column of part 2)**  **To be signed in all cases.** | | | | | | |
| **5** | I certify that the information above is accurate. | | | | | |
| **Signature:** |  | **Please print name:** |  | **Date:** |  |