St Margaret's CE Academy Admissions Office

## Form AD2: Supplementary Information Form (Other World Faith)

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 questions 1, 2, and 3 of Section A, and sign at question 5; and

Section A: All Applicants

• pass this form to a faith leader, asking them to complete question 4 and to return the whole form to the Admissions Clerk at St Margaret's Academy by **Saturday**, 31 October 2020.

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).

<del></del>								
1	Please give the following information about the child. If s/he lives at more than one address, please							
	refer to the school's Admiss	sions Policy, which	h gives details about	which address sl	nould be given			
	here.							
	Child's surname:							
	Child's first name(s):							
	Child's date of birth:							
	Child's address:							
			1					
	Postcode:							
2	Dlagge give the following in	formation about a	n adult with narantal	rosponsibility fo	nthe shild If s			
4	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.		1					
	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							
<u></u>	Widdle							
3	Is the child a Looked After	Child (see Admiss	ions Policy for detail	s)? Yes	No			
	Does the child have an Education Health Care Plan that names St Yes							
	Margaret's as the only school he can attend?							

4	Other World Faith	applications								
ľ	Name, address and po									
	worship centre:									
			Buddhis			ddhism				
						Hinduism				
	Paligion (plassa tick):						Islam			
							lehovah's Witnesses			
	Religion (please tick):						Judaism			
			Mormonism							
								Sikhism		
			,				Unita	rianism		
	Name of the faith lead	der								
	completing this form:									
	Position in faith com	•								
	Address of the faith le									
	completing this form:									
	Postcode and 'phone	number:								
	Has a parent/carer or	sten-parent of th	he how na	med over	leaf attended		Yes			
	<u> </u>	as a parent/carer or step-parent of the boy named overleaf, attended orship at least <b>four</b> times per month between 23rd March 2018 and 22nd								
	March 2020?	times per monti	1 OCTWCCII	2510 Wia	1011 2010 and 22	IIG	No			
	Widicii 2020:						No			
	If an places state the	nome of the now	ant/aaman	on ston	Naı	ime:				
	If so, please state the name of the parent/carer or step- parent, and their relationship to the boy. <b>Failure to</b>									
			ire to	Dalationshir	Dalationahin to					
	complete this section may disadvantage the applicant.				Relationship to boy:					
	аррисант.				00y.					
	Has the boy named in question <b>1</b> attended worship at least <b>four</b> times per						Yes			
	month between 23rd	•		-	*					
	month octived Bota March Boto and Band March Bobo.						No			
-	Signature			Please						
	(of faith leader):			print			Date:			
	Please note: 'pp' signatures			•			Date.			
	will not be accepted	1 .4 1 .	,1 CC'	name:	•	1.1	1 ( )	1 . 1		
	This form must be <b>stamped</b> with an official stamp, or accompanied by a sheet of <b>head notepaper</b> , from the place of worship in question (see section <b>17</b> of our Admissions Pol									
	notepaper, from	the place of wo	asinp in c	uestion (	see section 17 of	our	Aumssion	s Policy).		
ı										
Se	ction C: Parental s	signature (to l	pe signed	by the par	rent named in th	e fir.	st column o	f question 2)		
To be signed in all cases.										
	5 I certify that the information above is accurate.									
5	I certify that the info	ormation above	is accurat	1	T	T				
				Please			_			
	Signature:			print		Date:				
				name:						

Section B: Applications on the basis of Faith, continued