

## Supplementary Information Form (SIF) for admission to:

## Trinity Academy St Chad’s

Failure to complete this form will mean the application cannot be ranked under criteria 4, 5, 6.

Trinity Academy St Chad’s is designated as an academy with a Religious Character and as such is permitted to give admission application preference to members of a particular faith or denomination.

The purpose of this Supplementary Information Form is to verify the Christian commitment of the parent(s) and/or child applying for a place at Trinity Academy St Chad’s. **This form should be completed if you want your application to be considered using the Christian commitment oversubscription criteria of the academy’s Admissions policy**.

|  |  |
| --- | --- |
| I / We – Name(s) |  |
| Of - Address |  |
| Postcode |  |
| Parent(s) of  (Child’s name) |  |

Declare Christian commitment, for at least the previous one year, prior to the closing date for applications:*In the event that during the period specified for attendance at worship the church 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 alternative premises have been available for public worship.*

|  |  |
| --- | --- |
| **‘At the heart of the church’ -** A regular worshipper. A person who attends St Chad’s Church at least once per month, which could be one or both parents or the child. Attendance must be for a period of at least one year prior to the closing date for applications. | **Please tick** |

|  |  |
| --- | --- |
| Parental Signature(s) | Please print your name(s) |
| (1) | (1) |
| Date | Date |

**Please ask the person verifying your declaration to sign this form (see the schools admissions policy to find out who these persons are).**

|  |  |
| --- | --- |
| **Verified by** | Vicar, Rector, Priest in Charge, Minister of Religion etc.  (During a vacancy the form may be signed by a Churchwarden or equivalent). |
| Signature |  |
| Please print your name |  |
| Name & address of church |  |
| Church Deanery (if applicable) |  |
| Status within the church |  |
| Date |  |
| Your contact address / telephone |  |

Please return by **15 January 2023** by post to:

***The*** ***Admissions Team, Trinity Academy St Chad’s, Upper Green Lane, Hove Edge, Brighouse, HD6 2PA***

Or by email to**: *contactus@stchads.trinitymat.org***