## Supplementary Information Form (SIF)

## Trinity St Stephen C of E (Aided) First School

***Please only complete this form if applying under religious affiliation (criteria 4,5 or 8) and return it signed to the school by the same date as the RBWM CAF deadline or with the application form.***

**DETAILS OF CHILD**

|  |  |  |
| --- | --- | --- |
| Full Name: |  | |
| Date of Birth: |  | Male 🞎 Female 🞎 |
| Address: | Post Code | |
| Telephone Nos: |  | |

**RELIGIOUS AFFILIATION** *See criteria 4, 5 and 8 of the Admission Policy*

|  |  |  |
| --- | --- | --- |
| **Name of Parent** |  | |
| **Name of church attended and Denomination** |  | |
| **Name of Priest/Minister/Pastor** |  | |
| **Have you attended church at least once a month in the year preceding the date below on this form?** | Yes 🞎 No 🞎 | If yes, services attended: |

|  |
| --- |
| Declaration  I/we have read and understood the school’s Admission Policy.  Signature of Parent/Carer: ……………………………….………………………………… Date: ……………… |

***Office Use:***  *Date SIF Received / / Filed by Copy provided for parents Y/N*

Please verify that the information given by the above-named parent is correct to the best of your knowledge.

Signature of Priest/Minister/Pastor: ……………………………………………………………………….