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|  | **Deanery C.E. Primary School**  **Academy Status** Fox Hollies Road, Walmley, Sutton Coldfield. B76 2RDTel: 0121 351 6615/6441 Fax: 0121 313 0320 E-mail – [enquiry@deanery.bham.sch.uk](mailto:enquiry@deanery.bham.sch.uk)  Head Teacher: Mrs Jayne Luckett |

## Supplementary Information Form

## in respect of a request for a school place in Reception Class - September 2025

**Please complete & return this form to the school at the above address by 15 January 2025**

An online application to the Local Authority must also be completed. All enquiries relating to admission for September 2025 should be referred to School Admissions Service, PO Box 16513, Birmingham B2 2FF (0121 303 1888)

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| DETAILS OF CHILD | | | |
| Surname: Forenames: Other Names: | | | |
| Date of Birth : | Gender: Male/Female | | |
| Address:  Postcode: Contact Tel. No: | | | |
| Name(s) of other children already in Deanery CE Primary School  Class: | | | |
| Name of present/previous School / Nursery / Playgroup: | | | |
| Parent 1: Full Name: Title:  Address if different to child:  Contact details : Work: Mobile: email address: | | | |
| Parent 2: Full Name: Title:  Address if different to child:  Contact details : Work: Mobile: email address: | | | |
| Please indicate if your child is Looked After or Previously Looked After by the Local Authority or  Internationally Adopted Previously Looked After | | | |
| Please indicate if your child has an Education, Health and Care Plan (EHCP) | | | |
| **I certify that to the best of my knowledge the information I have supplied is complete and correct.** SIGNATURE OF PARENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| ***This part must be completed by your Vicar/Minister*** *–* ***Please complete all sections particularly the date the parents started attending church.*** *\**Regular church attendancemeans *“attendance at church worship at least twice a month 15 months prior to submission of application for Reception.”* 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 worship***.***  NAME OF VICAR: ………………………… NAME OF CHURCH:….......................…….………….…………..  DENOMINATION: ….................…………………………………………………… TEL. No. ………………………  ADDRESS:……………………………………………….………………………..……………………………………...  Have the parents attended church since September 2023? ……………………………………………………….  Have parents attended at least twice a month since this date? ……………………………………………………  I certify that to the best of my knowledge the information I have supplied is complete and correct.  SIGNATURE OF VICAR OR MINISTER:…........................................ DATE: …..................... | | | |
| **OFFICE USE ONLY.**  **Date received in office:** | | **Birth Certificate:**  **Seen YES/NO** | **Proof of Residency:**  **Seen YES/NO** |
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