

# RIPLEY ST THOMAS

CHURCH OF ENGLAND ACADEMY



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## SUPPLEMENTARY FORM

Child's Surname ..... Child's Forename(s) .....

Date of Birth .....

Address (ie where the child wakes up for the majority of Monday to Friday mornings):

.....  
..... Post Code .....

Name and address of Primary School child currently attends:

.....

Parent/Guardian with whom the child normally resides:

Surname ..... Forename(s) .....

Is the parent a member of staff at Ripley St Thomas CE Academy? **YES / NO** .....

Please give the name(s) and tutor group(s) of any brothers or sisters who currently attend this school and who will still be attending in September, 2020.

.....

**PLEASE COMPLETE THIS SECTION TOGETHER WITH YOUR VICAR, PRIEST, MINISTER ETC. You must refer to the Admissions Policy before completing this part of the form.**

Please note that supplementary forms should be completed and attendance claims verified by the appropriate incumbent or church authority for all Churches that you have attended on a regular basis during the last 3 years.

Name & address of place of worship .....

Name of vicar / priest / minister / faith leader / church officer .....

Dates of attendance: **From (MM/YYYY)** ..... **to (MM/YYYY)** .....

How often has the parent **or** child attended **public worship** at this church or Sunday school on average? Please tick the appropriate box. **NB. Do not include attendance with school where this is part of the normal school day. Please complete for EITHER the parent OR the child (not both). Please tick one box only.**

	More than 2 years	Between 1 and 2 years	Between 6 months and 1 year	Less than 6 months
Weekly/Fortnightly				
Once per month				
Occasionally				

Signed ..... (Parent)

Contact Tel No .....

I confirm that the above church is a member of the following (please tick appropriate box)

Churches Together in England  Free Churches Group  freechurches.org.uk Evangelical Alliance  eauk.org North West Partnership of Churches  northwesternpartnership.com None

Countersigned ..... (Vicar/Priest etc) Date .....

..... Office held Contact Tel No. ....

The information on this form will be a key factor in determining admissions to the school. It is the responsibility of the parent to complete the form in the presence of their Vicar, Priest etc. **THE INCUMBENT SHOULD THEN COUNTERSIGN IT AND RETURN IT TO THE SCHOOL BY 31 OCTOBER 2019.**