## **APPENDIX 2: Supplementary Information Form**

## Archbishop Holgate's School, a Church of England Academy

## **Supplementary Information Form – 2020/21 Admissions**

Please note that it is only necessary to complete this form where you are applying for priority under oversubscription criteria 2, 3 and 5 in the school's admissions policy.

Name	of Child:			
Date	of Birth:			
Address:				
Pleas	e indicate all relevant criteria that apply to you	ur application a	nd complete the relevant information:	
Criterion		Please tick	Additional Information Required	
2.A	Christian Foundation Place		Please note that additional information is required as set out in section 4.2.A above and that a signature is required from your minister of religion.*	
2.B	Other Foundation Place		Please note that additional information is required as set out in section 4.2.B above and that a signature is required from your minister of religion.*	
3	Children with exceptional social or medical needs make the school the most suitable school for the ch		Please note additional information is required as set out in section 4.3 above.*	
5	Children of staff employed at the school		Please give name of member of staff:	
*You should make sure you allow time to gather the necessary information/signature prior to the deadline for return of the form.				
Name of person filling in the form (parent/carer):				
Relationship with child:				
Contact details:				
Signature:				

Please return this Supplementary Information Form to Archbishop Holgate's School, Hull Road, York, YO10 5ZA by 31 October 2019.

## Confirmation of regular attendance at worship

	For completion by your minister of religion
I hereby confirm that:	
(1) The aforementioned regular public service (plea	child or at least one parent/carer of the aforementioned child has attended worship at a see tick):
☐ On average	at least twice a month for at least one year immediately prior to the date of application. at least once a month for at least one year immediately prior to the date of application. mes in the year immediately prior to the date of application.
(2) That worship has take	en place at (please tick):
A Christian Church, being a Church with full membership of Churches Together in Britain and Ire	
☐ Buc ☐ Hin ☐ Isla ☐ Jud	aism nism
Name:	
Signature:	
Position:	
Correspondence address:	
Telephone number:	

\*In the event that you have attended worship at different places of worship during the relevant period (e.g. as you have moved areas), but taken together the attendance would be sufficient to qualify for a Foundation place, please ask your Minister of Religion for each place of worship to complete this form, specifying the relevant periods of attendance and frequency.

 $<sup>^{1}</sup>$  For up to date information on membership of Churches Together in Britain and Ireland, please visit their website at www.ctvi.org.uk.