Appendix C Supplementary Information Form

Part 1	The Purpose of this Supplementary Information Form		
Turci	This form must be completed if a parent wishes to provide s	unnlementary	
	information in order to confirm that his/her child satisfies cr	· · · · · · · · · · · · · · · · · · ·	
	oversubscription criteria applying for St Aldhelm's VA Church		
	oversubscription criteria apprying for St Aldreim's VA chard	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	
	In the event that there are more admission applications rece	ived than places	
		•	
	available within the required year group (oversubscription),		
	the Admission Authority to rank every application according		
	oversubscription criteria published in section 4.2 of the scho		
	Arrangements. This will determine a priority for the offer of	available places.	
Part 2	Completing this Supplementary Information Form		
Part Z	Completing this Supplementary Information Form		
	The oversubscription criteria, which require qualifying evide		
	two of this Supplementary Information Form (Part 6). A child		
	against a particular criterion if a completed Supplementary I		
	submitted in conjunction with the application and in accorda	ance with the	
	procedure set out below in section 3.		
	The required evidence must be provided to back up this clair	n.	
Part 3	Submitting this Supplementary Information Form		
	 For admission applications made as part of the 'norr 	nal' admissions round,	
	which is coordinated by the home local authority (st	arting school in	
	September 2021): The admission application form m	ust be submitted to	
	the home local authority by 23:59 hours on 15 Janua		
	Supplementary Information Form must be submitted		
	by the same date	i	
	• For applications in connection with a place required	in any year group	
	during the school year (in-year admission process) the Supplementary		
	Information Form must be submitted directly to the School <u>with the</u> admission application form.		
	St Aldhalms's MA Church Driman Cabaal Chalungh David David	ting Chanton Mallat	
	St Aldhelm's VA Church Primary School, Chelynch Park, Doulting, Shepton Mallet,		
	Somerset BA4 4PL		
Part 4	Declaration		
Fail 4	I confirm that the child named in Part 5 of this Supplementa	ry Information Form	
	satisfies the indicated criterion/criteria. I understand that an	-	
		-	
	place may be withdrawn where this claim is found to be misleading or false and that by signing this declaration, I grant the Admission Authority permission to seek		
	further confirmation where it is deemed necessary to do so.		
Applica	nt to print his/her name below and sign below	Date	

Part 5	The Child who is the subject of this Supplementary Information		
Last Name		First name	Middle Name
Date of Birth: dd/mm/yyyy			
Home address			

Part 6	The oversubscription Criterion	Tick if applicab le
Criterion 1	A looked after child or a child who was previously looked after by a local authority, but immediately after being looked after became the subject to an adoption, child arrangements or special guardianship order	
The required evidence to be attached to this Supplementary Information Form: Written confirmation issued by a local authority that the child is officially in the care of		

that authority at the time of application, or a copy of an adoption certificate, or qualifying order issued by the local authority previously responsible for the child

Criterion	Children living within the designated school catchment area or	
4	with a confirmed move to an address within this catchment	
	who, at the time of application, are eligible to receive a Pupil	
	Premium or Service Premium	
The required evidence to be attached to this Supplementary Information Form:		

A copy of the Local Authority statement of entitlement or other official authorising letter

6	Children who themselves, or whose parent, attends a service of worship at St Aldhelm's Church, Doulting or St Bartholomew's	
	Church, Cranmore at least once per month and have done so	
	for the twelve months prior to submitting the admission	
	application	

Declaration by the Vicar, Priest or Church official to confirm that the child named on this SIF, or his/her parent, fully satisfies the requirements of criterion 6

I have consulted the Church leadership team and can confirm that

	(enter the gualifying
child or parent's name)	(* * * * * * * * * * * * * *

attends Church or place of worship and has done so for at least <u>once per month for the last twelve months</u>

Signed Pr	int
Name	

Position	
Date	

Telephone/email contact details:....