Diocesan Supplementary Information Form

Admission to primary school, 2024

St Mary Magdalen’s C E Primary School Church of England Primary School

**Name of child**:

Surname . . . . . . . . . . . . . . . . . . . . .Christian names . . . . . . . . . . . . . . . . . . . . . . . .

Date of birth . . . . . . . . . . . . . . . . . . . .

**Name of parent/guardian** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Post code . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Contact telephone number . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**If you are applying to this school on faith grounds, please complete the following sections:**

**Place of worship** one of parents / guardians regularly attends:

Name of place of worship . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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**Name of vicar / priest / minister / faith leader / church officer**:

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Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Post code . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Telephone . . . . . . . . . . . . . . . . . . .

**Your faith leader will be contacted in order to provide the information.**

Return this form to the school before 15th January 2024.This form is for use by the School; it will be sent to the appropriate faith leader, to be returned directly to the school.

Clergy Reference Form: Admission to primary school, 2024

St Mary Magdalen’s C E Primary School Church of England Primary School

**Name of child**:

Surname . . . . . . . . . . . . . . . . . . . . .Christian names . . . . . . . . . . . . . . . . . . . . . . . .

Date of birth . . . . . . . . . . . . . . . . . . . . .

**Name of parent/guardian** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Post code . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Contact Telephone . . . . . . . . . . . . . . . . . . . . . . . . . . . .

This parent has given your name as a reference for his/her commitment to the church/place of worship. Our criteria require the parent to have attended their place of worship once a month for 6 months prior to 1st September 2023.

Has this been the pattern for this parent? YES / NO

If NO, has your church building been closed for fully-accessible and non-restricted worship[[1]](#footnote-1) during the qualifying period? YES / NO.

IF YES, please give the dates of when fully-accessible and non-restricted worship was not possible in the church building…………………………………………………………………………………

Signed . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date: . . . . . . . . . . . . . . . .

Position . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Church . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

This church is a part of (please tick):

 Churches Together in England

Please return this form to . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

By . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

1. For a definition of what qualifies as accessible and non-restricted worship contact admissions@blackburn.anglican.org [↑](#footnote-ref-1)