





Christ Church Upper Armley CE Primary Academy

Theaker Lane, Leeds, LS12 3NU Tel: 0113 263 8606

Supplementary Information Form (SIF) for admission in September 2026.

Closing date for receipt is 15 January 2026.

1. CHILD'S INFORMATION				
Child's Legal Surname:	Male/Female:			
Child's Legal Forename(s):				
Date of Birth:				
Address:				
		Postco	ode:	
2. PARENT/CARER INFORMATION				
Parent/Carer title and name:				
Address (if different from above):				
		Postco	de:	
Tel and Mobile:				
Email:				

You should read and complete this form in conjunction with our Admissions Arrangements 2026. Failure to correctly complete this form may affect your application, as governors will not be able to rank your application against the faith oversubscription criteria.

Please Note:

In the event that during the period specified for attendance at worship the church [or, in relation to those of other faiths, relevant place of worship] 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 in relation to those of other faiths, relevant place of worship] or alternative premises have been available for public worship.

3. FAITH DETAILS Please tick the box which	n you think best c	describes your sit	uation.		
I am and/or my child is a	regular* worship	per at Christ Chu	rch, Upper Armle	èγ.	
I am and/or my child is a	. regular* worship	per at another Ch	ristan Church.		
I am and/or my child is a world faiths represented *Regular means at least	I in Great Britain.				·
If you have ticked any c minister/faith leader co	of the boxes abov	ve, please compl	ete Section 4 ar	d ensure yo	
4. FAITH CONTACT DETAILS Please give the name an you have provided above		s of your vicar/mi	nister/faith leade	r who can ve	rify the information
Name of Vicar/Minister/	Faith Leader:				
Church/Place of Worship Address:	o Name and				
Church/Place of Worship Address:	o Email				
Tel/Mobile No:					
Parent/Carer Signature:			Date:		

5: FOR CLERGY USE ONLY - CONFIDENTIAL

The parent/carer listed above has nominated you to verify the information they have given on this Supplementary Information Form for school admission.

IMPORTANT: Please complete the following questions to the best of your knowledge and authenticate your reference by official stamping or attaching a signed sheet of official letterheaded paper. Please return the completed form to the applicant.

In the event that during the period specified for attendance at worship the church [or, in relation to those of other faiths, relevant place of worship] 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 in relation to those of other faiths, relevant place of worship] or alternative premises have been available for public worship.

	re parent(s)/carer(s) worship a and have done so for one yea		No
immediately preceding the	and have done so for one yes	ai	
Name of Vicar/Minister/Faith Leader:			
Role within the Church/Place of Worship:			
Name of Church/Place of Worship:			
Address of Church/Place of Worship:			
Email address of Church/Place of Worship:			
Tel/Mobile:			
	[
Signature:	Date:		

Parent/carers should return this form to: Admissions, CCUA, Theaker Lane, Leeds, LS12 3NU.
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PRIVACY NOTICE: For information on how we collect, store and use personal data you provide, please refer to our privacy notices available on our website at www.ccuaprimary.co.uk or on request from the office.