





## Abbey Grange Church of England Academy

Butcher Hill, Leeds, LS16 5EA 0113 275 7877

## Supplementary Information Form (SIF) for entry to the academy in September 2026

Closing date for receipt is 31 October 2025

Child's Legal Surname:		Male/F	emale:	
Child's Legal Forename(s):				
Date of Birth:				
Parent/Carer Name:				
Address:				
	Postco	ode:		
Tel/Mobile No:				
Parent/Carer Email Address:				

You should read and complete this form in conjunction with our admissions policy for 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.

All applicants should fill in sections 1 to 3 as fully as possible and should sign and date the reverse

## 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.

## Appendix 2: Supplementary Information Form (SIF)

1.	Attendance of immediate family¹ members at worship: please tick the box which you think best describes your situation.								
	At the heart of the Church/Place of Worship This means someone whose family worships twice a month or more. The worshipper might be the child or one or more parents/carers.								
	Attached to the Church/Place of Worship This means someone whose family worships at least once every 2 months. The worshipper might be the child or one or more parents/carers.								
	<sup>1</sup> Immediate family is defined as parents/carers or brothers or sisters of the child.								
	For how long?	More t	than 1 year						
		Less th	nan 1 year:	If less than 1 year, please also prov of your previous church if applicab					
2.	Please indicate whic	Please indicate which Church or Place of Worship you usually attend.							
	Your Religious Denor	nination:							
	Your Church/Place of Name:	Worship's							
	Address:								
3.	Please give the name and contact details of your Vicar/Minister/Faith Leader to whom we can contact to request information about your Church/Place of Worship attendance. Please provide a church/place of worship email address where possible (email addresses that are not published on the Church/Place of Worship website or do not contain the Church/Place of Worship name will not be accepted). We recommend that you contact your Faith Leader before returning this form; please note that he/she will be sent a separate form.								
	Name of Vicar/Minist leader:	er/Faith							
	Church Email Address:								
	Address:								
	Tel/Mobile No:								
Please s	ign below to give pern	nission to shar	e your details w	th the faith leader you have named	above.				
Parent/C	Carer Signed:			Date:					
Please				rch of England Academy, Butcher Hi ng date for receipt is 31 October 202					
	CY NOTICE: For infor	mation on how available on ou	we collect, stor website at ww	re and use personal data you provide w.abbeygrangeacademy.co.uk or or	e, please				
from the academy office									