





Holy Trinity CofE Primary, Rothwell

Queensway, Rothwell, LS16 0NB Tel: 0113 859 1842

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

Closing date for receipt is 15 January 2026.

You should read and complete this form in conjunction with the 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.

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

3. FAITH DETAILS

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.

Please tick the box which you think best describes your situation.

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	I am and/or my child is a regular* worshipper at Holy Trinity Church, Rothwell.						
	I am and/or my child is a regular* worshipper at another Christan Church.						
	I am and/or my child is a regular* worshipper of another world faith which is one of the other five major world faiths represented in Great Britain. *Regular is considered to be attendance at minimum monthly intervals over a year and will be subject to verification.						
	If you have ticked any of the boxes above, please complete Section 4.						
4. FAITI	H CONTACT DETAILS						
	Please give the name and contact details of your vicar/minister/faith leader who can verify the information you have provided above.						
	Name of Vicar/Minister/Faith Leader:						
	Church/Place of Worship Address:						
	Email Address:						
	Tel/Mobile No:						
Parent/C	arer Signature:		Date:				
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Parent/carer(s) should return this form to: Admissions, Holy Trinity CofE Primary, Queensway, Rothwell, LS26 0NB. Closing date for receipt is 15 January 2026.

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.holytrinityce.co.uk or on request from the office.