Appendix 2

Manston St James CE Primary Academy

Sandbed Lane, Leeds, LS15 8JH

Tel: 0113 859 2073

Supplementary Information Form (SIF) for admission in September 2027.

Closing date for receipt is 15 January 2027.

1. CHILD'S INFORMATION

Child's Legal Surname:		Male/Female:	
Child's Legal Forename(s):			
Date of Birth:			
Address:	Postcode:		

2. PARENT/CARER INFORMATION

Parent/Carer title and name:	
Address (if different from above):	Postcode:
Tel and Mobile:	
Parent/Carer Email:	

You should read and complete this form in conjunction with our Admissions Arrangements 2027. 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 you think best describes your situation.

☐ I am and/or my child is a *regular** worshipper at St James the Great Church, Manston.

☐ 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 means at least once a month, for one year immediately preceding the application.*

If you have ticked any of the boxes above, please complete Section 4 and ensure your vicar/minster/faith leader completes Section 5 before you return the form to school.

4. FAITH 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 Name and Address:	
Church/Place of Worship Email Address:	
Tel/Mobile No:	

Parent/Carer Signature:		Date:	

It is the responsibility of parent(s)/carer(s) to ensure, where required, that Section 5 is completed and authenticated before returning it to school.

5: FOR CLERGY USE ONLY – CONFIDENTIAL

The parent/carer listed in Section 2 has nominated you to verify the information they have given on this Supplementary Information Form for school admission.

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.

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.

	Yes	No
I can confirm that the information given in Section 3 is correct. (Please tick)		
I can confirm that the church/place of worship given in Section 4 is the normal place of worship for the child and/or parent/carer. (Please tick)		

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 no:	

Signature:		Date:	