

## St Bartholomew's CE Multi-Academy Trust

Admission to Infant Reception Class for September 2024

SUPPLEMENTARY INFORMATION FORM FOR CLAIMS UNDER CRITERION 4 (Religion) FOR

St Bartholomew's CE Primary School St Benedict Biscop CE Primary School All Saints' CE Primary School, Trysull

## **DEADLINE FOR RETURN IS 15 JANUARY 2024**

Please return to: City of Wolverhampton Council, Admissions and Appeals Section, School Places and Transport, Civic Centre, St Peter's Square, Wolverhampton, WV1 1RL

## SECTION 1 (TO BE COMPLETED BY THE PARENT/CARER)

Name of Child:	
Date of Birth of Child:	
Address of Child:	
Name of Parent/Carer:	
Date & Place of Baptism/Dedication:	
•	the above-named child and am in the process of applying for a
place for my Child at	School.
School, I wish to demonst	ion, and in accordance with the published admission criteria for the trate the strength of my child and family's connection to our faith my minister/faith leader if they would be kind enough to complete
Signed:	Date:
<u>-</u>	s obtained by using fraudulent or false information will be

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## SECTION 2 (TO BE COMPLETED BY MINISTER/FAITH LEADER)

place of where applicable where applicable Please tick \( \square \) where applicable Please tick \( \square \) where applicable Please tick \( \square \) where applicable Exa \( \frac{\pi_2}{2.5} \)	
email:  Name/Title of Faith Leader:  In respect of this application, regarding the above child and family's worship and atter at the place of worship: The table and additional considerations below are to a Minister/Faith Leader in assessing if the child and family have demonstrated strong reconnections. St Bartholomew's CE Multi Academy Trust defines strong religious conneas attendance at a place of worship on at least two occasions per month for at least 2  Attendance at place of worship on at least two occasions per month for at least 2  Attendance at place of where applicable where applicabl	
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place of where applicable Please tick \( \sqrt{\text{where applicable}} \) \( \frac{2}{2} \) \( \f	re to aid the rong religious connections
Daily Weekly Monthly Occasionally Other Activities	Length of Time Please specify number of years Examples: "2 years" "2.5 years" "2 years, 5 months"
Monthly Occasionally Other Activities	
Occasionally Other Activities	
Other Activities	
Additional considerations by Minister/Faith Leader:	
Do you confirm that the above named child and family have demonstrated strong religionnections (as defined above)  YES / NO? (This question MUST be answered or the form will be returned)	ng religious
Minister/Faith Leader signature: Date: Date:ease note this information will only be taken into consideration if the preferred school is the	

Ρl authority reserves the right to seek verification of the above from the minister/faith leader.

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