

**ST JOHN'S CHURCH OF ENGLAND ACADEMY**

Headteacher: Mr M Ramsay B.A (Hons) Primary Education

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**Supplementary Form for a Faith Place**

This form must be completed by the parent/carer for whom an application is being made if they are applying for a place at St John's Church of England Academy under criterion 5 of the admission policy. The information provided will be used in accordance with the data protection act 1998.

**SECTION 1**

Child's details Legal Surname ..... Surname Used .....

First Name (s) ..... Middle Name(s) .....

Date of birth: ..... Boy [ ] Girl [ ] (please tick as appropriate)

Home Address: .....

Post Code: .....

**SECTION 2**

Parent/Carer's details

Title: Mr [ ] Mrs [ ] Miss [ ] (please tick as appropriate) Other .....

First name(s)..... Surname .....

Relationship to Child .....

Do you have Parental Responsibility for this child? Yes [ ] No [ ] (please tick as appropriate)

Daytime Tel no: ..... Mobile no: .....

**SECTION 3**

Church/faith community details

Place of worship: .....

The worshipper is:

The child [ ] One of his/her parents/carers [ ] One of his/her family [ ] (please tick as appropriate)

If you have attended the church/faith community for less than one year, an additional 'Application for a Faith Place' form is needed from your previous church/faith community to support your application.

**SECTION 4**

Minister’s Endorsement

The named parent/carer in section 2 has applied for admission of their child to St John’s Church of England Academy for a place under criterion 5 of its Admissions Policy and require this section to be completed by a minister or two office holders of the church/faith community.

1. Please tick to indicate the length that the child or parent/carer has been known to the church/faith community:
  - a.  Has been known to the church/faith community for at least one year.
  - b.  Has been known to the church/faith community for less than one year.
  - c.  Is not known to the church/faith community or unable to support the application.
  
2. Please tick to indicate the capacity in which the child or parent/carer is known to the church/faith community, where applicable.
  - a.  As a worshipper at the church/faith community
  - b.  Other
  
3. Please tick to indicate the statement which best describes the pattern of worship of the child or parent/carer, where applicable
  - a.  Worships typically at least once a week.
  - b.  Worships typically at least once a month.
  - c.  Worships typically less than once a month.
  
4. Other information relevant to the application

.....

5. I confirm that I am a minister or office holder at the named church/faith community in section 3. I confirm that all the information given is accurate. I am aware that any place offered on false information may be withdrawn.

Signed: ..... Date: .....

Name: ..... Position held: .....

Contact Details: .....

**SECTION 5**

Parent/Carer’s signature

I am the parent or have parental responsibility for the child named. I confirm that all the information given is accurate. I am aware that any place offered on false information may be withdrawn. If my circumstances change, e.g. house move, I will inform Darlington Borough Council in writing.

Signed: ..... Date: .....

**THIS FORM MUST BE RETURNED BY 15 JANUARY 2023 TO ST JOHNS PRIMARY SCHOOL DIRECTLY**