



## Trent School Admissions Code

### Supplementary Information Form (Church)

If you are applying to Trent under criteria 4,5 or 6 of the over-subscription admission criteria please complete the following.

**Please note the following Covid response information:**

**In the event that during the period specified for attendance at worship, the church has been closed for public worship and has not provided alternative premises for that worship, the requirements of these admission arrangements, in relation to attendance, will only apply to the period when the church (or alternative premises) have been available for public worship.**

Please notify the school should any of your circumstances change.

The current Admission Criteria in the event of over-subscription are listed on the enclosed sheet. Please return this form to the school before the closing date of Admission for your Borough of Residence.

Child's Surname	Child's First Name(s)	Date of Birth
Name and address of Parent		
Full Name:		
Address:		

**If you are applying under criteria 4, 5 OR 6  
Please complete this section YOURSELF.**

Please note the following Covid response information:

*In the event that during the period specified for attendance at worship, the church has been closed for public worship and has not provided alternative premises for that worship, the requirements of these admission arrangements, in relation to attendance, will only apply to the period when the church (or alternative premises) have been available for public worship.*

**Church Worship**

If you regularly attend a church, please state which one and give the name, address and telephone number of the minister:

**Name of Church:**

**Name of Minister:**

**Church Address:**

Do you attend church on average at least twice a month? **YES**      **NO**

Have you attended Christ Church Cockfosters for the last 24 months **YES**      **NO**

Have you attended church for the last 12 months **YES**      **NO**

Please circle the criteria under which you consider this application is to be made.

**4      5      6**

**Declaration**

**I confirm that I have read and understood the Admissions Policy and that the information I have provided is true and correct.**

**I understand that I must notify the school immediately if there is any change to these details and that should any information I have given prove to be inaccurate, that the governors may withdraw any offer of a place even if the child has already started school.**

Signed by Parent:

Date:

**If you are applying under criteria 4 or 5 Please ask  
YOUR MINISTER to complete this section.**

**Please note the following Covid response information:**

*In the event that during the period specified for attendance at worship, the church has been closed for public worship and has not provided alternative premises for that worship, the requirements of these admission arrangements, in relation to attendance, will only apply to the period when the church (or alternative premises) have been available for public worship.*

The Governors are required to ensure that their Admission Criteria and procedures are adhered to and would be grateful if you could complete this questionnaire to confirm the named family's association with your church.

Name of Child	Name of Parent
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<b>CHRIST CHURCH COCKFOSTERS (CRITERIA 4 AND 5)</b>
<p><b>Please tick just one of the following:</b></p> <p>Has the above named adult been on the electoral role <b>at Christ Church Cockfosters for at least 6 months?</b></p> <p align="center">YES                  NO</p>
<p><b>Please tick just one of the following:</b></p> <p>Has the above named adult attended Christ Church on average at least twice a month <b>for the last 24 months up to the January admission deadline?</b> (Please check the exact date)</p> <p align="center">YES                  NO</p> <p>Has the above named adult attended Christ Church on average at least twice a month <b>for the last 12 months up to the January admission deadline?</b> (Please check the exact date)</p> <p align="center">YES                  NO</p>

<b>To the best of my knowledge, this is a true and accurate statement.</b>	
Signed	Name (Please print)
Position	Church Name and Stamp
Contact Telephone Number	Date

**If you are applying under criteria 6**  
**Please ask YOUR MINISTER to complete this section.**

**Please note the following Covid response information:**

*In the event that during the period specified for attendance at worship, the church has been closed for public worship and has not provided alternative premises for that worship, the requirements of these admission arrangements, in relation to attendance, will only apply to the period when the church (or alternative premises) have been available for public worship.*

The Governors are required to ensure that their Admission Criteria and procedures are adhered to and would be grateful if you could complete this questionnaire to confirm the named family's association with your church.

Name of Child	Name of Parent
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<p><b>OTHER CHURCHES (CRITERIA 6)</b>          (Member of Churches Together in Britain and Ireland or Evangelical Alliance)</p> <p><b>Name of Church:</b></p> <hr/> <p><b>Please tick just one of the following:</b></p> <p>Is the above named church a member of Churches Together in Britain and Ireland or Evangelical Alliance?</p> <p>YES                      NO</p> <p><b>Please tick just one of the following:</b></p> <p>Has the above named adult attended your church on average at least twice a month <b>for the last 12 months up to the January admission deadline?</b> (Please check the exact date)</p> <p>YES                      NO</p>
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<b>To the best of my knowledge, this is a true and accurate statement.</b>		
Signed	Name (Please print)	
Position	Church Name and Stamp	
Contact Telephone Number	Date	