

Appendix C	Supplementary Information Form
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Part 1	The Purpose of this Supplementary Information Form	
	<p>This form must be completed if a parent wishes to provide supplementary information in order to confirm that his/her child satisfies criterion 1, 3 or 5 of the oversubscription criteria applying for Chewton Mendip C of E Primary School.</p> <p>In the event that there are more admission applications received than places available within the required year group (oversubscription), it will be necessary for the Admission Authority to rank every application according to the oversubscription criteria published in section 4.2 of the school's Admission Arrangements. This will determine a priority for the offer of available places.</p>	
Part 2	Completing this Supplementary Information Form	
	<p>The oversubscription criteria, which require qualifying evidence are set out on page two of this Supplementary information Form (Part 6). A child will only be prioritised against a particular criterion if a completed Supplementary Information Form is submitted in conjunction with the application and in accordance with the procedure set out below in section 3 below.</p> <p>The required evidence must be provided to back up this claim.</p>	
Part 3	Submitting this Supplementary Information Form	
	<ul style="list-style-type: none"> • For admission applications made as part of the 'normal' admissions round, which is coordinated by the home local authority (starting school in September 2017): The <u>admission application form</u> must be submitted to the home local authority by 23:59 hours on 15 January 2019 and this Supplementary Information Form must be submitted <u>directly to the School</u> by the same date • For applications in connection with a place required in any year group during the school year (in-year admission process) the Supplementary Information Form must be submitted directly to the School Office <u>with the admission application form</u>. 	
Part 4	Declaration	
	<p>I confirm that the child named in Part 5 of this Supplementary Information Form satisfies the indicated criterion/criteria. I understand that any offer of a school place may be withdrawn where this claim is found to be misleading or false and that by signing this declaration, I grant the Admission Authority permission to seek further confirmation where it is deemed necessary to do so.</p>	
Applicant to print his/her name below and sign below		Date

Part 5			The Child who is the subject of this Supplementary Information		
Last Name		First name		Middle Name	
Date of Birth: dd/mm/yyyy					
Home address					

Part 6		The oversubscription Criterion		Tick if applicable	
Criterion 1	A looked after child or a child who was previously looked after by a local authority, but immediately after being looked after became the subject to an adoption, child arrangements or special guardianship order				
The required evidence to be attached to this Supplementary Information Form: Written confirmation issued by a local authority that the child is officially in the care of that authority at the time of application, or a copy of an adoption certificate, or qualifying order issued by the local authority previously responsible for the child					

Criterion 3	Children living within the ecclesiastical parishes of Chewton Mendip, Litton and Ston Easton who, at the time of application, are confirmed as eligible to receive a Pupil Premium or Service premium				
The required evidence to be attached to this Supplementary information Form: A copy of a Local Authority statement of entitlement or other official authorising letter					

5	Children who attend a service of Christian worship at a registered Church or place of worship on at least one day per month and have attended consecutively for the six months prior to application				
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Declaration by the Vicar, Priest or Church official to confirm that the child named on this SIF fully satisfies the requirements of criterion 5					
I have consulted the Church leadership team and can confirm that					
..... (enter the child's name)					
attends Church or place of worship and has done so for at least <u>once per month for the last twelve months</u>					
Signed..... Print Name.....					
Position..... Date.....					
Telephone/email contact details:.....					