

Saint Gabriel's College Supplementary Information Form for Year 7 Entry



September 2017

Please write clearly using **BLOCK CAPITALS**

Parents/carers should fill in this form **only** if they are applying for a Church place or a specialist music place at Saint Gabriel's College. The completed form should be returned direct to the school by the closing date. Failure to return this form will result in any application being considered under the open place criteria.

You should ensure that you have a copy of the admission policy prior to completing the form and returning it to the School by Friday 28th October 2016. You must also complete the Common Application Form available from your home Local Authority and name this school on that form. The Common Application Form should be completed online or returned direct to your home Local Authority.

1 Details of Child

Surname of child:	<input type="text"/>	Other Name(s):	<input type="text"/>
Date of birth:	<input type="text"/>		
Primary school:	<input type="text"/>		

2 Details of Parent or Guardian with whom the child lives

Name of parent/guardian:	<input type="text"/>		
Home address:	<input type="text"/>		
	<input type="text"/>		
	Post Code: <input type="text"/>		
Home telephone:	<input type="text"/>	Daytime telephone (if different):	<input type="text"/>
Email address:	<input type="text"/>		

3 Details of application (please tick)

- I wish my child to be considered for a Church place (please complete sections 4 and 7)
- I wish my child to be considered for a specialist music place (please complete sections 6 and 7)

4 Church place information (please refer to the school Admissions Policy for criteria)

Name of Church:

Church address:

Please complete: I attend this church at least once a month: **Yes / No**
My child attends this church at least once a month: **Yes / No**

Please ask the Vicar/Priest/Minister/Pastor of this church to complete the section below.

5 This section must only be completed by the Vicar/Priest/Minster/Pastor:

Name of Church:

Church Denomination (e.g. Anglican, Roman Catholic, Pentecostal):

Is your church a member of Churches Together or the Evangelical Alliance? **Yes / No**

I verify that: This adult (parent/guardian) attends this church at least once a month: **Yes / No**
This child attends this church at least once a month: **Yes / No**

Name of Vicar/Priest/Minister/Pastor:

Signature: Date:

6 Specialist music place information (please refer to the school Admissions Policy for criteria)

First instrument / voice: Grade (if taken):

Second instrument / voice: Grade (if taken):

7 Parent / guardian declaration

I confirm that I have included Saint Gabriel's College in the list of schools for which I have applied on my local authority Common Application Form (CAF). **Yes / No**

I confirm that the above information given is correct and I understand that any false or deliberately misleading information given may render this application invalid or lead to the offer of a place being withdrawn. **Yes / No**

Signed: Date:

Print name: