



ALL SAINTS C of E PRIMARY SCHOOL AND NURSERY

PARSONAGE LANE
BISHOP'S STORTFORD
CM23 5BE
Tel: 01279 836006

www.allsaints.herts.sch.uk

Acting Headteacher: Miss A Brooks

E-mail: admin@allsaints.herts.sch.uk

Supplementary Information Form (SIF)

PLEASE USE BLOCK CAPITALS

Surname of child: _____

Forename(s): _____

Date of birth: _____

Name of parent(s)/guardian(s): _____

Address (this is the child's permanent residence where most of the school week will be spent and not an accommodation address). Parents are requested to supply a recent original utilities bill or equivalent. This will be returned:

Home telephone number: _____

**Under which category of our Admissions Policy are you applying for admission?
(Please enter the number in the box to the right.)**

Please fill in only the first half of the enclosed Clergy Form (please do **not** give the form directly to the Clergy member as we have to check it ourselves). Please return both pages of this SIF (along with the partly filled in Clergy Form) to school and we will send the form to the Parish Priest or Minister who will then be asked to complete the rest of the form and return it directly to us.

NB: I confirm that the details above are correct to the best of my knowledge and I enclose an original utilities bill dated within the last three months.

Signature of parent/guardian:

Date:

Office use only:





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CLERGY FORM

To be completed by the parent/ guardian:

Surname of child:

Other name(s):

Date of birth:

Name of parent(s)/guardian(s):

Address:

Name and address of place of worship:

To be completed by the Parish Priest or Minister:

The parents/guardians of the child named below have applied for a place at All Saints CE School and have given your name as a referee. Would you kindly complete and return this form in the envelope provided. Thank you for your help.

Is your church Anglican? Yes/ No

If no, is your church affiliated as either a full or associate member of Churches Together in Britain and Ireland?

Full member / associate member

To the best of your knowledge, has the family worshipped at your Church at least once a month during the last 12 months?

Yes/ No

Signature of Minister/Incumbent:

Date:

