



Supplementary Information Form 2022-23

Please note that completing this form alone does not constitute making an application. You need to include the school as one of your preferences on your Secondary Common Application Form (paper copy or online) to formally apply for a place.

This form must be returned, fully completed, to: The Admissions Office, Trinity School, Erith Road, Belvedere, Kent DA17 6HT by 31st October 2021

The Governors need the information on this form to apply the oversubscription criteria, if necessary.

Please see Footnote 1 regarding church attend	ance.
Child's details:	
First name(s)	
Surname	
Date of birth	
Address including postcode	
Does your child have an EHC Plan?	YES / NO (Delete as appropriate)
Is your child or have they ever been 'looked after', i.e. in Local Authority Care? (Criterion 1)	YES / NO If yes, which Local Authority?:
Does your child have sibling(s) in the school? (Criterion 7)	YES / NO (Delete as appropriate) Please give details of the youngest sibling in the school:
	Name:
	Date of Birth:Year:Year:
Parent / guardian's details:	
First name(s)	
Surname	
Address including postcode (if different from child's)	
Contact telephone number	
Does your child attend a named feeder school as listed in the Admissions Policy? (Criterion 2)	Please name the school:
Does either parent/guardian work at Trinity School and satisfy either of the conditions outlined in Criterion 4 of the Admissions Policy?	Please give their full name and the name of the school in which they work:

Footnote 1: Please note the following variation which clarifies how church attendance is calculated in the current circumstances: In the event that during the period specified for attendance at worship the church [or, in relation to those of other faiths, relevant place of worship] has been closed for public worship and has not provided alternative premises for that worship, the requirements of these [admissions] arrangements in relation to attendance will only apply to the period when the church [or in relation to those of other faiths, relevant place of worship] or alternative premises have been available for public worship.





If you are applying under **Criterion 3, 5 or 6**, please complete sections A and B:

Please sign the form at the end.

Section A – to be completed by the parent / guardian:

Child's Name:		
Name of Parent/Guardian:		
Place of Worship:	Faith please tick as appropriate	
Address:	Christianity	
	Other: please name	
		Office Use Only
Postcode:		
If you have ticked Christianity , is the church		
A Church of England?	Yes/No	
Church name:	163/110	
A member of Churches Together in England as listed on its website: www.cte.org.uk ?	Yes/No	
Church name:		Office Use Only
A member of the Evangelical Alliance as listed on its website: www.eauk.org ?	Yes/No	
Church name:		Office Use Only



Religious Leader's name:



Contact phone

Section B – to be completed by church clergy / religious leader:

The parent(s) / guardian(s) of the child named above have applied for him / her to be admitted to Trinity School, Belvedere. Please confirm details of the attendance of the parent(s) / guardian(s) at your place of worship, to enable the Governors to accurately and fairly apply the oversubscription criteria. **Please see Footnote 1.**

Designation:

Please ensure you provide clergy references for all churches attended during the previous year, using the boxes below.

Name of church / place of

	worship:			number:	
Have the parent(s) / guardian(s) of the child named of this form attended worship at least twice a month, over a minimum of twelve months?		☐ Yes			
Signature of Religious Leader:			Date:		
Religious Leader's name:	Name of church / place of worship:	Designation:		Contact phone number:	
Have the parent(s) / guardian(s) of the child named of this form attended worship at least twice a month, over a minimum of twelve months?		☐ Yes			
Signature of Religious Leade	r:		Date:		
The school will advise you whe	the following documentation to ther this is necessary after you h atement, tick each box, and s	nave handed in y	our Suppl		
I have given the schI understand that we be considered eitherI understand that the	nissions policy for Trinity School, nool all the appropriate informat vithout all the appropriate inforr er under criteria 7 or 8. nis form may not guarantee a pla npleted the Bexley Common App	ion and evidenc nation and evide ace for my child,	e for my cence, my conce, my considerate since the	child's application. Child's application will intake is restricted.	
Signed: Parent/Guardian			Date:		

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RECEIPT for ADMISSIONS FORMS			
Child's Name:			
Date:	Signed:	School	
	Signed:	Parent	
School Stamp			
School Stamp			