

## SUPPLEMENTARY INFORMATION FORM



Please note this is a supplementary form for administration purposes only and is not an application form. Only complete this form if you are applying for a place in line with the Foundation / Faith oversubscription criteria for the academy.

### Application for a place on faith grounds at:

<b>Name of Academy</b>	St Peter's Collegiate Academy
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### Section 1

Full Name of Child	Date of Birth (dd/mm/yy)
<input type="text"/>	<input type="text"/>

Address

<input type="text"/>
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Postcode:

### Section 2

Name and Address of Church / Place of Worship attended

<input type="text"/>
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How long have you worshipped here?

<input type="text"/>	Years & Months
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How many times per month (including weekday services) do you worship?

<input type="text"/>	x Per Month
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Name of the Principal Minister/Faith Leader of your current place of worship and contact details

<input type="text"/>
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If you have moved within the last year, please give details of your previous place of worship and length/frequency of attendance.

<input type="text"/>
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### Section 3 Declaration by Parent/Guardian

I certify that the details provided are, to the best of my knowledge, correct.

Signed:	
(Parent/Guardian)	Date:
Name	
(Please print in BLOCK CAPITALS)	

### Section 4 Declaration by Principal Minister / Faith Leader

Is your church community in membership with, or affiliated with, either of the following groups?

Churches Together in Britain and Ireland (CTBI)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Churches Together in England	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evangelical Alliance	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I certify that the information provided in Sections 2 is, to the best of my knowledge, correct.

Signed:	Official Stamp (if available):
(Principal Minister/Faith Leader)	Date:

### PLEASE RETURN TO:

The Admissions Officer  
St Peter's Collegiate Academy  
Compton Park  
Compton Road West  
Wolverhampton  
WV3 9DU