St Michael's CofE Primary Academy

Supplementary Information Form

Section One



If you are applying for a place for your child under the 'Faith' category, please complete the form below. Once completed, please return the completed form directly to School by 15 January 2027.

Child's forename:		Child's surr	name:			
Date of Birth:		Gender:				
Full name of Parent/Carer:						
Home address:						
Contact Number:						
Email address:						
Name of current nursery/school:	••••••	••••••				
Name of siblings attending St Michael's CE (A) Primary School:						
Section Two This section is to be completed in full by you include in support of your child's app Name of usual place of worship:	olication.	, , ,		-		
How long have you worshipped there? (
Attendance at place of worship	Parent	Parent	Carer	Child		
Daily	raient	raient	Carei	Cilia		
Weekly						
Fortnightly						
Monthly						
Occasionally						
Never						

worship (give details of your membership including any connected organisations) and provide evidence of any educational, social or medical needs that you may wish us to be aware of. (Attach relevant information.)	
Signed: (Parent/Carer) Date:	
Section Three This section is to be completed by your faith leader after reading through the evidence provided in section two.	
Please provide any information you feel would assist in making a decision to admit the named child to St Michael's CE (A) Primary School.	
Please note: The Faith Leader from the place of worship must provide evidence specific to the child and the family	
the child. If the Faith Leader is a parent or carer of the named child, this section should be completed by someone else in authority.	

Yes No (Please circle)

Please tick one box only

This is an exceptional application reflected by honest and dedicated commitment by the			
family to the work of the church/faith community.			
There is strong evidence of the family's commitment to the work of the church/faith community.			
There is moderate evidence of the family's commitment to the work of the church/faith community.			
The family has been known at this place of worship, although there is little evidence of commitment to the work of the church/faith community.			
There is no evidence to support the family's commitment to the work of the church/faith community.			

Print name:	Position:
Place of Worship:	Signed:
Telephone number:	Date:

Please note you are also signing to confirm that to the best of your knowledge and belief, the details given by the family in section two are correct.

Once complete please return this form to:

Senior School Administrator St Michael's CE (A) Primary School Lower Street, Tettenhall, Wolverhampton WV6 9AF