



# EMMANUEL COMMUNITY SCHOOL

## Supplementary information Form

Community School Please complete all sections on page 1 and a maximum of ONE section on page 2. Where appropriate please also complete the Supplementary Information Form Part Two. You must also complete LBWF Common Application Form (CAF) and submit it to them.

<b>A. ABOUT YOUR CHILD/WARD</b>				
Surname of child				
First Name (s) Circle name your child uses				
Gender		Date of Birth		
Address				
Postcode				
<b>B. ABOUT YOU</b>				
Your surname				
First name(s)				
Relationship to child		Are you the first point of contact?	Yes	No
Mobile number		Landline number		
Email address				
<b>C. SIBLINGS</b>				
Does the child have a sibling at Emmanuel Community School?	Yes	No		
Name(s) of sibling/s			Year Group(s) of Sibling/s	

**Please include the following:**

- **Proof of residence.** Please send us two documents providing evidence of the applicant's home address.
- **Proof of your child's date of birth** (a copy of their full birth certificate or passport).
- **Any other evidence** to support the application as detailed on pages 2 and 3.

Please return this form together with the evidence by the closing date to **Admissions Officer, Emmanuel Community School, The Drive, Walthamstow E17 3BN**. If you would like a receipt please enclose a self-addressed envelope.

**PLEASE COMPLETE AS APPROPRIATE**

**D.** Is the child applying for a place as a **dedicated child from families who have worshipped regularly at Emmanuel Community Church International and are recorded partners of that church?**

**Answer: Yes/ No**

If YES, please provide a reference on Supplementary Information Form Part Two. If NO, then please continue to Section E below.

**E.** Is the child applying as a **dedicated child from families who have worshipped regularly at any church affiliated to Churches Together in Britain and Ireland or the Evangelical Alliance or other recognised grouping of Christian denominations and are recorded members of that church.**

**Answer: Yes/ No**

If YES, please provide a reference on Supplementary Information Form Part Two. If NO, then please continue to Section F below

**F.** Does the child have any **exceptional medical or social need?**

**Answer: Yes/ No**

If YES, please provide evidence from the child's GP and/or consultant, social worker or education welfare officer, setting out the particular reasons why Emmanuel Community School is the most suitable school for this child [and that the medical or social grounds are such that the need cannot be adequately met at another school].

**DECLARATION**

I want my child/ward to be considered for a place at Emmanuel Community School and declare that the above information is true and correct in every detail.

I understand that if an offer or place is obtained on the basis of incorrect or inaccurate information, the offer or place may be withdrawn.

Signature

Name (BLOCK CAPITALS)

Date



# EMMANUEL COMMUNITY SCHOOL

## Supplementary information Form

### PART TWO – To be completed by your Pastor/Minister

Community School

Full Name of Child \_\_\_\_\_

Parent / Guardian name \_\_\_\_\_

Name of Church \_\_\_\_\_

Denomination of Church \_\_\_\_\_

- a. Please tick here if your church is affiliated to Churches Together in Britain and Ireland or the Evangelical Alliance or other recognised grouping of Christian denominations and are recorded members of that church.
- b. Please tick here if your church does not maintain a local membership list similar to the electoral roll in Anglican churches, in which case ignore c) below
- c. Please tick here if one or both parents (guardians) are on the list of membership / partnership maintained by your church

**Please tick the category which most closely describes this family's circumstances (your application may be void if not completed)**

The family has attended worship at least three times a month for at least the two years immediately preceding the date of application

The family has attended worship less regularly than three times a month

The family is not known to me

Name (block capitals) \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Tel No: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Definition for the use of those writing references:**

A family's attendance at worship means at least one parent and the applicant child. Parent includes adoptive parents, any person with 'parental responsibility' as defined by the Children Act 1989 (or any substitute legislation) or a recognised guardian.

Once completed this form should be returned to: Admissions Officer, Emmanuel Community School, The Drive, Walthamstow E17 3BN no later than 12 noon on **15<sup>th</sup> January 2023**