



SUPPLEMENTARY FORM FOR ADMISSION SEPTEMBER 2024

Child's First Name.....

Child's Surname.....

Date of Birth.....

Address

..... Postcode.....

Email:.....

Tel. No. Home/Mobile..... Daytime/Work.....

We would expect applications to be from those parents who wish their children to receive a **Christian education in a Church of England school.**

The completed form should be returned by the closing date of 31st October 2023 to:

**The Admissions Manager,
St James's Church of England High School,
Lucas Road, Farnworth, Bolton BL4 9RU**

Please mark the envelope 'SUPPLEMENTARY FORM – ADMISSION SEPTEMBER 2024'

(If posting it is recommended that you obtain a 'proof of posting' from the post office).

Applicants will receive a receipt when a Supplementary Form is received.

Please ensure you keep this as this is proof of the application being received.

***Please note the school office will be closed during half term from
Monday 23rd October to Friday 27th October 2023***

**IT IS STRONGLY RECOMMENDED THAT THE SCHOOL'S SUPPLEMENTARY FORM BE COMPLETED IN
ADDITION TO THE LOCAL AUTHORITY PREFERENCE FORM**

PLEASE ENSURE YOU READ THE GUIDANCE NOTES PRIOR TO FILLING IN THE FORM

FOR OFFICE USE ONLY

SUPPLEMENTARY FORM NO.			DATE RECEIVED	
SIBLING <input type="checkbox"/>	RESIDENCY <input type="checkbox"/>	CHRISTIAN FAITH SIGNATURE <input type="checkbox"/>	OTHER FAITH SIGNATURE <input type="checkbox"/>	CHECKED AND AUTHORISED
SECTION A <input type="checkbox"/>	SECTION A <input type="checkbox"/>	SECTION B <input type="checkbox"/>	SECTION C <input type="checkbox"/>	TOTAL SCORE <input type="text"/>

Please answer all questions by circling the applicable answer or placing a tick in the appropriate box.

PLEASE REFER TO GENERAL GUIDANCE NOTES

All information is treated in the strictest confidence.

Applicants are expected to be supportive of the Christian ethos of the school

The Governors will admit all Children with an EHCP (Education, Health and Care Plan) from the Local Authority that apply to St James's.	Yes	No
Q. Has your child an Education, Health and Care Plan from the Local Authority? Please indicate YES or NO by ticking the appropriate box.		
If the school is oversubscribed, the highest priority for admission will be given to Looked After and Previously Looked After Children.	Yes	No
Q. Is this application for a "looked after child" in public care, a "previously looked after child" or any child who was previously looked after but immediately after being looked after became subject to an adoption, residence or special guardianship order? 'Looked after' means that the child was (a) in the care of a local authority, or (b) being provided with accommodation by a local authority in the exercise of their social services functions. This criteria also includes looked after children and all previously looked after children who appear (to the admission authority) to have been in state care outside of England and ceased to be in state care as a result of being adopted. Please indicate YES or NO by ticking the appropriate box.		

If you have answered Yes to either of the above questions please go directly to Section D. You do not have to complete the rest of the form - Sign the form at Section D and return it to school.

SECTION A

SIBLINGS CURRENTLY IN SCHOOL	Yes	No	Points
Have you any other children currently at this school in Years 7 to 11? If "yes" please supply their name(s) and year group(s). Currently means at the date of application 			6
Does your child live within the Bolton Deanery? If in doubt please contact the school or go to the school website where you can enter your postcode and confirm if you live within the Bolton Deanery			4

Information for Faith Applicants

All acts of worship refer to attendance for a FULL TWELVE MONTH PERIOD. The twelve month period to be confirmed is **1st September 2022 to 31st August 2023**. Attendance MUST be confirmed by the signature and stamp (if available) of the church or place of worship.

Please ensure that you complete Section B for Christian Worship and Section C for Other Faiths Worship.

SECTION B - FAITH APPLICANT – CHRISTIAN WORSHIP ONLY																																						
CHRISTIAN WORSHIP	Points available																																					
	Child	Parent																																				
<p>Do you and your child attend an act of worship, other than in school? If yes please enter the name and address of the place of worship in the box below:</p> <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <p>Name and Address of Place of Worship:</p> </div> <p>This part to be completed by the official of the place of worship</p> <p>Official please note that attendance must have been maintained for the specified period 1 September 2022 - 31 August 2023. (whilst the applying child was in Year 5)</p> <p>Please tick one of the following frequencies for both child and parent</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Child</th> <th style="width: 10%; text-align: center;">Parent</th> <th style="width: 30%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>4 weeks per month</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td rowspan="5" style="vertical-align: middle; text-align: center;">Please place stamp here of place of worship if available</td> <td style="text-align: center;">10</td> <td style="text-align: center;">8</td> </tr> <tr> <td>3 weeks per month</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">8</td> <td style="text-align: center;">6</td> </tr> <tr> <td>2 weeks per month</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">6</td> <td style="text-align: center;">4</td> </tr> <tr> <td>1 week per month</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">4</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Less than the above</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table> <p>Religious Leader's Details and Signature</p> <p>Name (Please Print)</p> <p>Official Title.....</p> <p>Tel. Number.....</p> <p>Email.....</p> <p>Signature</p>				Child	Parent				4 weeks per month	<input type="checkbox"/>	<input type="checkbox"/>	Please place stamp here of place of worship if available	10	8	3 weeks per month	<input type="checkbox"/>	<input type="checkbox"/>	8	6	2 weeks per month	<input type="checkbox"/>	<input type="checkbox"/>	6	4	1 week per month	<input type="checkbox"/>	<input type="checkbox"/>	4	2	Less than the above	<input type="checkbox"/>	<input type="checkbox"/>	0	0				
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SECTION C - FAITH APPLICANT – OTHER FAITHS ONLY

OTHER FAITHS	Points available																			
	Child	Parent																		
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SECTION D - SIGNATURE OF PARENT/CARER

Information which is deliberately misleading may invalidate this application.
I confirm that the information given in this Supplementary Form is, to the best of my knowledge, true and accurate.

Signature of Parent / Carer..... Date.....

Name in block capitals (Mr, Mrs, Ms, Miss).....