

St. Michael's Woolmer Green C of E Primary School London Road, Woolmer Green, Herts, SG3 6JP

Tel: 01438 813267 Fax: 01438 815623 e-mail: admin@woolmergreen.herts.sch.uk Website:

www.woolmergreen.herts.sch.uk Headteacher: Mr Brendan Mallon



SUPPLEMENTARY INFORMATION FORM – 2018-19

Child's surna	ame: Forenames:		
Date of Birth	n: Male/Female:		
*The address giv	Postoven should be the child's permanent address at the time of application and not an accommodate vide a recent (within 3 months) utility bill If a child regularly lives at more than one address Madress where the child spends the majority of their time. Both parent/carers must declare this ition.	ion address. Parents are IonFri, the address provided	
Telephone no	o:(home) (mobile):		
Name of Par	rent/Carer::		
(the term "paren who has care of t	nt" is defined in the Education Act 1944 and Children's Act 1989 as "a person who has parenta the child)	al responsibilities OR a person	
Father/mothe	er's address if different from above:		
	Contact Telephone no:		
	ldress of Nursery/pre-school/previous school attended: o:		
Under which catick):	category are you applying for a place at St. Michael's Woolmer Green school (see Ad	missions Policy) (please	
	Children in the care of a Local Authority. Siblings of children, already at the school at time of entry, living within that part Ecclesiastical Parish of Welwyn and Woolmer Green. Children who, at the time of admission are living within that part of the area of Ecclesiastical Parish of Welwyn and Woolmer Green. Children who live outside the area as defined in Category 2, but who are siblin already at the school at the time of entry. Children living outside the area as defined in Category 2 above whose parents/at the time of application, and for a period of six months previously attended p worship at a C of E church. (proof will be required). Any other children. (parent) Date:	f the gs of children carers have, bublic	
I understand th	hat I may be asked to provide additional proof of residence. \Box		
Signature of parent/guardian/carer:			
OFFICE USE ONLY: Date received:			



Category 5:

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If you are applying under category 5, please complete this section and ask your parish priest or minister to sign it. Please return this to the school.

Supplementary Information Form for those claiming church attendance

Parents and Clergy are asked to complete and sign this form to assist the governors in ensuring that those most qualified for admission under category 5 is properly considered. Please note that priority will be based on parent/carers links with the church and not just the child's membership.

Children living outside the area as defined in Category 2 above whose parents/carers have,

at the time of application, and for a period of six months previously attended public

The relevant criteria (in priority order for the offering of places) are as follows:

worship at a C of E church. (proof will be	required).
Name of child:	
Name of parent/carers:	
Child's permanent address:	
Name of Church:	
Address of church:	
Name of Clergy and position in Church:	
I confirm that we have regularly worshipped at the each calendar month for a minimum of 6 months.	_
Parent/guardian/carers signature:	Date:
I confirm that this family has regularly worshipped calendar month for a minimum of 6 months.	ed at this church at least once in each
Clergy signature:	Date: