Supplementary Information Form (SIF) 2019/2020: To support applications to Church of England Voluntary Controlled Schools in Suffolk

This form must be used where parents or carers wish to express a preference for a voluntary controlled school on the grounds that the child and/or family are practising members of the Church of England (or other church within the Worldwide Anglican Communion).

This form will enable Suffolk County Council (as the admissions authority for voluntary controlled schools in Suffolk) to assess whether the application can be considered under the religious grounds criterion. It is not compulsory to complete this form.

This is not an application form. Applications for a school place must be made by using the online facility or by completing a paper application form.

If you are applying for more than one voluntary controlled school under the religious grounds criterion, only one SIF needs to be completed.

Do not use this form to support an application for a voluntary aided school or academy. Contact the voluntary aided school or academy direct for a SIF.

Please refer to the details of the school’s admissions criteria before you apply.

We strongly recommend that you read the relevant guide Admissions to Schools in Suffolk and the relevant Directory of Schools in Suffolk. The guide and directories are available online at www.suffolk.gov.uk/admissions.

We do not acknowledge receipt of SIF’s and strongly suggest that you get proof of postage.

Please print in capital letters

Child’s legal last name
Child’s first name
Child’s middle name
Child’s date of birth
Child’s current address

Telephone numbers for parent/carer
Email address for parent/carer

Which Church do you and/or your child attend?
Are you and/or your child a practising member of the Church of England, which means you and/or your child go to an Anglican church regularly, that is to say at least once a month? (please tick)

Yes [ ] No [ ]

Are you and/or your child a practising member of a church within the Worldwide Anglican Communion, which means you and/or your child go to an Anglican church regularly, that is to say at least once a month? (please tick)

Yes [ ] No [ ]

What was your previous Church (if you have recently moved)

If you have changed churches during the past year, please provide details of your previous Priest

Name ____________________________

Address ____________________________

To be completed by your Priest (If there is currently no Priest available a senior church officer may sign. In this situation please provide a reason why a Priest did not sign)

I can confirm, to the best of my knowledge, that the above information is accurate.

Signed ____________________________ Dated ____________________________

Reason for Priest not signing, if applicable

Name ____________________________ Position ____________________________

Address ____________________________

Please return this form to:

The Admissions Team, Endeavour House, 8 Russell Road, Ipswich, Suffolk, IP1 2BX

Telephone: 0345 600 0981. Email: admissions@suffolk.gov.uk

Do not return this Supplementary Information Form to a school

Data Protection:

Our Privacy Notice is available at www.suffolk.gov.uk/CYPprivacynotice. This privacy notice tells you what information Children's Services collects and uses, and your rights regarding your information.