

# St Peter's Collegiate Academy A Church of England Academy

## **SUPPORTING EVIDENCE FORM**

You must complete all of the following sections

| SECTION ONE   | <u>CONFIDENTIA</u>  |
|---|---|
| Full Name of Child: Forename(s)   | Surname   |
| Date of Birth   | Boy / Girl  |
| ull Name of Parent/Carer  |   |
| ome Address [where the child normally resides]  |   |
|   | Post Code   |
| elephone No Daytime Cor   | ntact No  |
| s the child designated a Child in Care or Previously Looked After Child? - I              |   |
| Ooes the child currently have an Educational Health Care Plan in place - N                | o/Yes   |
| lame of Present School  |   |
|   |   |
| Name of Brothers/Sisters attending St Peter's Academy                                     |   |
| PLEASE BE AWARE THAT SIBLINGS ARE <u>NOT</u> GUARA  | NTEED A PLACE SO PLEASE COMPLETE THE FORM IN FULL                           |
| Before completing the remainder of the for  | m, please read the Admissions Criteria carefully                            |
| You must apply und  | ler <u>at least</u> one Category  |
| Children with particular educational, social or medical i                                 | needs can apply under Category D, in additon to A, B C and E                |
| CTION TWO   |   |
| For each question, please place a tick in the app   | propriate box before moving on to the next question.                        |
| ATEGORY A: Foundation Place [Church of England families]                                  |   |
| Yes Please complete <b>SECTION THREE</b> and make arrangement                             | ents for your Vicar to complete <b>SECTION FOUR</b>                         |
| No 🖊  |   |
|   |   |
|   |   |
| ATEGORY B: Christian Faith Place  Yes Please complete SECTION THREE and make arrangements | ents for your Vicar, Rector or Minister to complete SECTION FOUR            |
| No  | ents for your vicar, rector or infinister to complete section rook          |
|   |   |
|   |   |
| ATEGORYC: Other Faith Place   |   |
| Yes Please complete <b>SECTION THREE</b> and make arrangement                             | ents for your Faith Leader to complete <b>SECTION FOUR</b>                  |
| No 🚺 🗸  |   |
|   |   |
|   |   |
| ATEGORY D: Pastoral Place [Applicants in Other Categories may al                          | so apply]   |
|   | te SECTION THREE and arrange for your faith leader to complete SECTION FOUR |
| No Move to <b>SECTION THREE</b> **  |   |
|   |   |
| ATEGORY E: Open Place   |   |
| Yes Please move to <b>SECTION FIVE</b>  |   |
| No <b>L</b>   |   |
| You must ensure that at least one of  | f Categories above have been ticked 'Yes'                                   |
|   | -   |
| ** If you have answered 'No' to all the previous q  | uestions, please refer to the Admissions Criteria again                     |
| r Office Use only   |   |

| SECTION THREE              | TO BE CON   | <b>APLETED</b> I | N FULL BY         | THE FAMILY                                |                             |
|----------------------------|---|------------------|-------------------|---|-----------------------------|
|                            | Your application will l   | be judged by w   | hat you write a   | nd the evidence presen                    | ted.                        |
|                            | the frequency of your family'<br>rship, to ensure that the Acad |                  |                   |   |                             |
| Name of usual place of     | worship   |                  |                   |   |                             |
|                            |   |                  |                   |   |                             |
| For how long?              | [years/months]  | Attach sup       | porting reference |   | e of worship as appropriate |
| Attendance                 | at Place of Worship by  | Mother           | Father            | Guardian/Carer<br>Other<br>if appropriate | Child                       |
|                            | Daily   |                  |                   |   |                             |
|                            | Weekly<br>Fortnightly   |                  |                   |   |                             |
|                            | Monthly   |                  |                   |   |                             |
|                            | Occasionally  |                  |                   |   |                             |
|                            | Never   |                  |                   |   |                             |
|                            | amily's involvement in the act<br>embership and membership o    |                  |                   |   | ice(s) of worship -         |
|                            | the event that, during the period specif                        |                  |                   |   |                             |
|                            | n available for public worship. Consider                        |                  |                   |   |                             |
|                            | e of worship was closed for public wors                         |                  |                   |   |                             |
|                            | eted by the parents/carers o                                    |                  | ONLY, preferat    |   |                             |
| If you are attaching extra | sheets for this Section, please stat                            | e here:          | i                 | Extra Sheets Attached?                    |                             |
| We cannot assess yo        | our application fully if this part                              | t is left blank  |                   | YES/NO                                    |                             |
|                            |   |                  | •                 |   |                             |
|                            |   |                  |                   |   |                             |
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|                            |   |                  |                   |   |                             |

| OUR                                     |  | D INFORMATION GI   | VEN IN SECTION THREE  |                |
|---|--|--|---|----------------|
|   |  | A, B, C & D must be co   | mplated and signed  |                |
|   |  |  |   |                |
|   | hurch/faith community in membership with or affil  | iated to either of the follow  |   |                |
|   | s Together In Britain & Ireland  | -  | YES / NO  |                |
|   | lverhampton [formerley Wolverhampton NET churches]   |  | YES / NO  |                |
| > InterFait                             | h Wolverhampton [formerley The Wolverhampton Inter Faith   | L  | YES / NO  |                |
| Please give                             | re here any details which you feel would assist in making  | H//H   | od shild to the school                                      |                |
|   |  | Extra Sheets?  | YES / NO  |                |
| ote:                                    | ,, please attach a separate sheet to the form.   | LATIA SHEETS:  | 1137 NO   |                |
|   | r someone with authority from the place of worshi  | p must provide evidence sp   | ecific to the child and the famil                           | y of the child |
|   | riting] THIS STATEMENT SHOULD NOT BE WRITTEN   |  |   |                |
| Faith Leader                            | is a Parent or Carer of the named child, this Section  | n should be completed by   | someone else in authority                                   |                |
|   |  |  |   |                |
|   |  |  |   |                |
|   |  | <b>H</b> //H   |   |                |
|   | Do you recommend the admission of the named o  | H//H   | vernors' criteria for entry into th                         | a school?      |
|   | Do you recommend the admission of the named of PLEASE TICK ONE BOX ONLY  | hild, on the basis of the Gov  | vernors' criteria, for entry into th                        | e school?      |
|   |  | hild, on the basis of the Gov  |   | e school?      |
| t                                       | PLEASE TICK ONE BOX ONLY  This is an exceptional application reflected by hones  | hild, on the basis of the Gov<br>t and dedicated commitme  | nt by the family to   | e school?      |
| t<br>T                                  | PLEASE TICK ONE BOX ONLY  This is an exceptional application reflected by hones the work of the church/faith community   | t and dedicated commitments to the workof the church/i   | nt by the family to   | e school?      |
| T C                                     | PLEASE TICK ONE BOX ONLY This is an exceptional application reflected by hones the work of the church/faith community  There is strong evidence of the family's commitment of the community  There is moderate evidence of the family's commitment community   | t and dedicated commitments to the workof the church/stent to  | nt by the family to aith community                          | e school?      |
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Have you signed and dated the form?

Are you sending this form before the deadline – 6th December 2021

| How many additional sheets of paper have you attached? [Please sign below]   |
|--|
|  |
| The ethos of this Academy is that of a Church of England Comprehensive School which exists primarily to meet the needs of  |
| Church of England parents who wish their children to be educated by a system which introduces the student to an understanding of life based on the Christian faith as taught by the Church of England. |
| Worship is at the heart of all the academy's activities, either in academy or at St Peter's Collegiate Church. We ask all parents applying   |
| for a place here to respect this ethos and its importance to the academy community. This does not affect the right of parents of a   |
| faith other than Church of England to apply for and be considered for a place here.  |
| To the best of my knowledge and belief, the information 1 have provided on this form is correct. 1 understand that   |
| completion of this form does not guarantee a place at this school and 1 must also name the school on the   |
| Local Authority's Common Application Form. In signing this form, I support the Church of England character of  |
| this school.   |
|  |
| N.B. I understand that this form may be taken off the academy premises, but this will only be by Approved & DBS checked Staff for their role on the Admissions Committee.                              |
| l also understand that the data given on this document and any additional sheets will be stored in a safe location in the academy until being destroyed in a secure manner.                            |
|  |
| Signed   |
| PLEASE COMPLETE THE CHECKLIST BELOW:   |
| If applying for a place under category A, B, C or D, has your faith leader completed Section 4?  |
|  |
| Have you named St Peter's Collegiate Academy on the Common Application Form (CAF) and returned the CAF to the local authority?   |

When completed, this form, together with any additional information must be sent to:

The Admissions Officer,
St Peter's Collegiate Academy
Compton Park
Compton Road West
Wolverhampton
WV3 9DU

If you require an acknowledgement of receipt, please enclose a stamped self-addressed envelope

### Reminder

If you are posting this form, please ensure you fix a stamp with the correct postage paid to ensure delivery