



Ridgewell C of E Primary School
Supplementary Information Form 2025-2026
Submit form to School Office

Child's name	Date of birth	Gender
Address		
Parent/Guardian Name	Parent/Guardian Name	
Address & Contact Telephone Number	Address & Contact Telephone Number	
I have read and understand the Admissions criteria and am applying on the following grounds: (please tick all that apply)		
1. Children with an Education, Health and Care Plan (EHCP) that names the School.		
2. Looked After Children, Previously Looked After Children or Children Internationally Adopted After Public Care.		
3. Children with Exceptional Medical or Social Needs.		
4. Children living in the priority admissions area with a sibling at the School.		
5. Other children living in the priority admissions area without a sibling at the school.		
6. Children living outside the priority admissions area with a sibling at the School.		
7. Children living outside the priority admissions area who meet the faith criterion.		
8. All other children.		
Signed	Date	

If you are applying under criterion 7 please complete the other side of this form and ask your Priest, Minister or Spiritual Leader to sign it before returning it to Ridgewell C of E Primary School as soon as possible.

This Supplementary Information Form should be used if you are applying for a place at Ridgewell C of E Primary School. If you are applying under criterion 7, your Priest, Minister or Spiritual Leader should also complete the relevant sections.

This form is not an application form. It will be used in addition to the Local Authority's official application form and will allow the School Governors to place applications in order, according to the school's admission criteria.

Name of Child Date of Birth

Name of Parents/Guardians

Address

..... Postcode

Under which criterion are you applying? Tel No:

Signature of Parent/Guardian Date

If you are applying under criterion 7 please complete this section:

Name of church or place of worship

Name of Priest/Minister/Other

Contact details for above

How often do you attend?

Weekly Fortnightly Monthly Occasionally Other

How long have you been attending this place of worship?

Less than a month 1-6 months 6-12 months more than a year

If less than 12 months, have you been attending another place or worship regularly prior to joining this congregation?

Yes, for at least 6 months No Don't Know

Name of previous place of worship

If you are applying under criterion 7 please now pass this form to your Priest, Minister or Spiritual Leader and ask them to complete this section and return the form to the School Office as soon as possible.

I confirm that this family belong to our congregation and, to the best of my knowledge, the information on this form is accurate.

Name Signature