

The Blue School C of E (Primary)
Supplementary Information Form (SIF).

North Street.
Isleworth, Middlesex.
TW7 6RQ.
Tel: 020 8560 6721.

Reference Request in respect of an application for a place under criteria
1, 2, 4 and 5 in the **Reception** class at the above school.

PART A

Part A of the form to be completed by the applicant's parents or guardians and then taken to their vicar/minister/religious leader, with a request that they fill in part B of the form and return the form directly to the school by **15th January 2017.**

PART A

Child's Name:.....

Date of Birth:.....

Names of sibling(s) in school.....

Parent/Guardian's Name & Address:.....

.....

.....

.....

Name and address of place of worship:

.....

.....

Telephone number:.....

Have you attended church (or other place of worship) for:

At least 2 years – yes / no (please circle)

At least fortnightly – yes / no (please circle)

Signature of Parent/Guardian.....

Date:

PART B

To the Parish Vicar/Minister/Religious Leader

PART B

Would you please answer the following questions and return the form directly to the school.

- 1) Child's full name:
- 2) Has the parent/s attended services for at least two years? Yes / No (please circle).
- 3) Has the parent/s attended at least fortnightly? Yes / No (please circle).

4) Name of Vicar/Minister/Religious leader:

Address:.....

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.....

.....

Telephone Number.....

Please confirm whether your organisation is a member of:

Church of England

Churches Together in Britain and Ireland

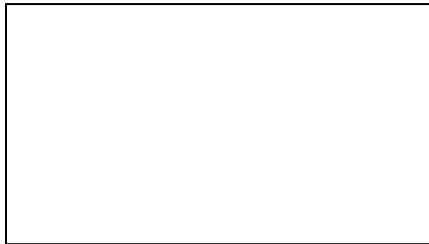
The Evangelical Alliance Membership no:.....

None of the above

Signature(s).....

Additional Church Official.....

Official Stamp



Date:.....

The Admissions Panel will use this information in order to inform their decisions. This will be done in order to ensure that all places are allocated in accordance with our admissions criteria in the most equitable way possible.

Thank you for your assistance.