

SUPPLEMENTARY INFORMATION FORM FOR ADMISSION TO KOINONIA FEDERATION SCHOOLS/NURSERY APPLICATION FORM

ST MARY MAGDALENE C of E ALL THROUGH SCHOOL &

CHRIST CHURCH C of E PRIMARY SCHOOL

COMPLETION INSTRUCTIONS

NURSERY APPLICATIONS

If you wish to apply for a nursery place at St Mary Magdalene Woolwich Campus, you
must complete and return this form to the relevant school office. No other application
needs to be completed. Please contact the school office for the application deadline
date.

PRIMARY & SECONDARY APPLICATIONS

- ALL APPLICANTS applying for a primary or secondary place at a Koinonia Federation school <u>must</u> name that school as one of their preferences on their child's eAdmission/Common Application Form and submit it to their local authority. It is not enough to only submit this form to our schools, an application to your local authority must be made. Please refer to your local authority's website for application deadline dates. Your application should be submitted to the Local Authority in which you are resident
- If you are applying under the community criterion for either St. Mary Magdalene Peninsula Primary Phase or the Woolwich Campus you need to complete this supplementary form to indicate which Campus you are applying for.
- This form is not required for community criterion for the Secondary Phase.
- A parents/carer wishing to qualify for priority under the faith-based oversubscription criteria for any of our Campuses must ensure this form is complete.
- This completed form should be returned direct to the school by the closing date.
- If this form is not returned any applicant will automatically fail to qualify for the faith based oversubscription criteria. Please ensure that you have read and understood the admission policy prior to completing the form and returning it to the School.

1 SCHOOL CAMPUS BEING APPLIED FOR: (please tick only one box – if more than one box is ticked your form will not be considered)					
☐ Primary - Ch☐ Primary - St☐ Primary - St☐	Mary Magdale	of E Primary Sc ene C of E Scho ene C of E Scho	hool, Greenwi ool, Peninsula ool, Woolwich	•	
2 STUDENT INFO	RMATION				
Surname:			First Name(s):		
Gender:	Male / Fe *(delete as c		Date of Birth:		
Year group applying for:			Name of curre or most recen school/nursery	nt	
FAMILY INFORMA	TION				
Full Name of Parent(s) or Carer(s)			Home Addres (including post code)		
Relationship to child:			Telephone No).	
Email address:					
SIBLINGS (brothers/sisters/step-siblings/half-siblings)					
Full Name Date		Date of Birth		School currently attending	

those churches who are Church of England, or who are a member of Churches Together in England (www.cte.org.uk) or the Evangelical Alliance (www.eauk.org). Any church not recognised as stated will be considered under the community criterion.
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Name of church which you attend:
If this is not an Anglican Church please state the denomination to which your church belongs:
Have you attended worship at this church on at least two occasions within each month for 12 consecutive months immediately prior to the closing date for application. Please tick as applicable below:
Yes No
In exceptional cases, a parent/carer for whom unavoidable circumstances have consistently prevented them from attending worship such that they have been unable to qualify for the faith based oversubscription criteria, may be considered to be a faithful and regular worshipper; the relevant Minister will be asked to give their opinion as to why there were unavoidable circumstances. Please provide brief details below:

3 CHURCH COMMITMENT

	months at your current church, please supply the name and inister below, in addition to your current minister overleaf.
4 CHURCH INFORMATION	
Name of Priest/Minister:	
Name of Church:	
Address of Church:	
Post Code:	
Minister's e-mail:	
Minister's telephone number:	
I confirm that the information given abo	ve is correct and that I have read the admission policy.
Signature of Parent/Carer:	
Name (printed):	
Date:	

Please do not complete the Minister's section below; your minister should complete the following section to verify the information given in paragraphs 3 and 4 above.

5	For Ministe	er's re	ference	only:
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Is the parent/carer a faithful and regular worshipper of your church who has attended worship at
this church on at least two occasions within each month for 12 consecutive months immediately
prior to the closing date for application (as defined in note 5 of our admission policy). Please tick
as applicable below:

Ye	•		No
T e	S		NO

In answering this question, you may, in exceptional cases, take into account any unavoidable circumstances that have consistently prevented the parent/carer from attending worship in your church such that they have been unable to qualify for the faith-based oversubscription criteria. Please outline the unavoidable circumstances that you deem relevant below:

Is your church a member of either (Please delete as appropriate):				
The Church of England	Yes	No		
Churches Together in England	Yes	No		
The Evangelical Alliance	Yes	No		
EA Membership Number:				

Please give any other details that are relevant to this family's application:

NB: If a family is refused a place at the school and appeals against the admission authority's decision, this form may be used as evidence at the appeal.

Signed: (Minister)		
Date:		
Church Stamp:		

(if this is not available, please provide letter headed paper)