St Bede's Inter-Church School (A Church of England/Roman Catholic Academy)

SUPPLEMENTARY INFORMATION FORM SEPTEMBER 2023-2024

PLEASE COMPLETE THIS FORM IN CONJUNCTION WITH THE SCHOOL'S ADMISSIONS POLICY

This Supplementary Information Form should be used only if you are applying for a place at St Bede's. If you are applying under criterion 2, 3 or 4 your priest, minister, elder or spiritual leader should complete the relevant section on page 2.

Name of Child: Date of Birth:

Name of Parents/Guardians:.....

Home Address:....

Post code:..... Contact telephone number in case of queries:

Under which criterion are you applying? 2 3 4 (please circle and complete relevant section below)

Criterion 2 – Roman Catholic / Anglican					
Is your child	Roman Catholic	or	Anglican?	(Please circle)	
Please state the name of	your church / parish.				
lf vour child has been bar	tized Roman Catholic / Ang	lican ple	ase state		
If your child has been baptized Roman Catholic / Anglican please state Place: Date:					
	hurches Together in Engla denomination of your child.				
Please state the name of y					
If your child has been baptized, confirmed or accepted into full membership of your Christian denomination please state:					
Place: Date:					
Criterion 4 – World religi Please state the religion y					
If your child has been acc	epted into full membership, j	olease s	tate:		
Date:					
Please state the name of y	our place of worship.				

Declaration to be signed by Parent/Guardian

Name of Child: Da	ate of	Birth:
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I wish my son/daughter to be considered for entry into St Bede's. I have read all the information in the school prospectus and am prepared to support the Governing Body, Headteacher and staff to ensure that the school's Code of Conduct is kept and that its Roman Catholic / Anglican foundation is upheld. I confirm that all the information contained on page 1 of this SIF is accurate.

CONFIRMATION BY PRIEST, MINISTER, ELDER OR SPIRITUAL LEADER

When applying under criterion 2, 3 or 4 please pass this form to your Priest, Minister, Elder or Spiritual Leader, ask them to complete this section and return the form to the address given below:

Name of Child:	Date of Birth:
Name	Role
Place of Worship	Telephone
 I can confirm that this church is a f I can confirm that this church is a f I can confirm that this church is a f 	Full member of Churches Together in England Image: Comparison of the Evangelical Alliance I leader of the Partner Churches of Affinity Image: Comparison of the Partner Churches of Affinity I leader of the place of worship stated above. Image: Comparison of the Partner Churches of Affinity
place of worship and I support theiI can confirm that have seen the back	nt named overleaf and above is known to me as a member of my ir application to St Bede's Inter-Church School.
Signature of Clergy/Spiritual Leader:	Date:
Printed name of Clergy / Spiritual Leader	

This form should be returned to the Admissions, St Bede's School, Birdwood Road, Cambridge CB1 3TD