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

SUPPLEMENTARY INFORMATION FORM SEPTEMBER 2026-2027

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:			
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.			
If your child has been baptized Roman Catholic / A	unglican place etate		
·			
Place: Date:			
Criterion 3 – Other Christian Denominations (Evangelical Alliance / Churches Together in England / Partner Churches of Affinity)			
Please state the Christian denomination of your of	hild.		
Please state the name of your church.			
If your child has been baptized, confirmed or accepted into full membership of your Christian denomination please state:			
Place:			
Date:			
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Criterion 4 – World religions Please state the religion your child follows:			
If your child has been accepted into full membership, please state:			
Place:			
Date: Please state the name of your place of worship.			

Decla	aration to be signed by Parent/Guardian	
Name	e of Child:	Date of Birth:
prospe school	n my son/daughter to be considered for entry into St Bede's. I have tus and am prepared to support the Governing Body, Headtol's Code of Conduct is kept and that its Roman Catholic / Angirm that all the information contained on page 1 of this SIF is	eacher and staff to ensure that the plican foundation is upheld.
Signed	ed:	Date:
CONF	FIRMATION BY PRIEST, MINISTER, ELDER OR SPIRITUA	L LEADER
	n applying under criterion 2, 3 or 4 please pass this form to you er, ask them to complete this section and return the form to th	
Name	e of Child:	Date of Birth:
Name	e	Role
Place	e of Worship T	elephone
Addres	ess	
•	I can confirm that this church is a full member of Churches I can confirm that this church is a full member of the Evange I can confirm that this church is a full member of the Partner I can confirm that I am the spiritual leader of the place of wo	elical Alliance
•	I can confirm that the child applicant named overleaf and abplace of worship and I support their application to St Bede's	
•	I can confirm that have seen the baptism certificate / record named overleaf and above and am satisfied that the child m	of membership for the child applicant eets the relevant faith criteria.
Signat	ature of Clergy/Spiritual Leader:	Date:
Printed	ed name of Clergy / Spiritual Leader	

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