



ST. AIDAN'S
CHURCH OF ENGLAND HIGH SCHOOL

**APPLICATION FORM FOR ADMISSION INTO YEAR 7
SEPTEMBER 2019**

This form must be completed for each child applying to St Aidan's Church of England High School regardless of whether the school is over-subscribed. Please note that this is in ADDITION to the Local Authority Preference form.

This form is linked to the Governors' policy on Admissions. **You should note that this form is only relevant if the school is over-subscribed i.e. if there are more applications than there are places available.**

It will be used as the basis for decision making by the Governors' Admissions Sub-Committee. **It is important that parents/guardians complete the form in as much detail as possible.** No consideration will be taken into account of the child's ability, aptitude or present school in allocating places.

Details of Child

Christian/First Names:	<input type="text"/>	Surname	<input type="text"/>
Home address at time of application:	<input type="text"/>	Home Tel:	<input type="text"/>
		Parental Mobile No	<input type="text"/>
Post Code	<input type="text"/>		
Email address	<input type="text"/>	DOB	<input type="text"/>

Name and address of present school:

For Office Use Only:		Date Received	Final Score
Priest/Ministers signature:			
SEN	Looked After	Sibling	Staff
Social/Medical	Community	Other Faith	Distance
Foundation Harrogate	Foundation Ripon	Recorded	
Accepted	Not Accepted	Withdrawn	



(You may apply for more than one criteria)

Has your child an Education Health and Care Plan (EHCP) from the Local Authority? Yes No
 Please give the date of the EHCP _____

Is this application for a “Looked After Child” (see Priority 1)
 (Please supply supporting documentation) Yes No

In September 2019 will your child have a sibling in school? (see Priority 2)
 If “yes” which Year will they be in September 2019 _____ Yes No

Are you applying for a Foundation Place (see Priority 3) Yes No

Are either of the child’s parents a member of staff at St Aidan’s Church of England
 High School? (See Priority 4) Yes No

Do you wish your child to be considered on social or medical grounds? (see Priority 5) Yes No

Are you applying for an Other Faith Place (see Priority 6) Yes No

Are you applying for a Community Place (see Priority 7) Yes No

Religious Affiliation

In which religious tradition have you brought up your child:-

A Christian church officially affiliated to or in sympathy with ‘Churches Together’ Yes No

Other Faith Yes No

Name of church/place of worship:

Denomination/Religion of church:

		Yes/No
Is your child’s main residence within the Harrogate Deanery? Refer to Note A		
Please provide name of the Parish in which you live		
Is your child’s main residence within the Ripon Deanery? Refer to Note A		
Please provide name of the Parish in which you live		



Church attendance is measured by the approximate number of weeks in which the person has attended a church service in the **three year period** immediately before the date of application. Please note that church attendance points are allocated for **one** parent/guardian only. (See Appendix 1)

<p>In the last three years how often has your <u>child</u> attended a place of worship in the religious tradition?</p>	Weekly*	3	points	
	2 – 3 times/month	2	points	
	Monthly	1	point	
<p>In the last three years how often has the <u>parent or guardian</u>, attended a place of worship in the religious tradition?</p>	Weekly*	3	points	
	2 – 3 times/month	2	points	
	Monthly	1	point	

*Weekly indicates every week except for sickness and family holidays and would usually therefore be in excess of 40 weeks in the year

Priest or Minister’s signature confirming the above
(Please be aware that the Governors will not be able to consider your application for a Foundation Place or Other Faith Place without a Church Leaders signature)

.....
Signature

.....
Name/Position (Please print)

.....
Dated

Address:

Parish stamp if available:



The space below is for any additional information you wish to be considered:-

If you would like any additional information to be taken into account, please supply supporting letters of evidence from your priest, minister, doctor, social worker or other professional adviser.

I/We confirm this application to be accurate at the time of writing.

Name of parent/guardian.....Signed

Name of parent/guardian.....Signed

Date

This form is made available to the Appeals Panel in the case of any appeal against non-admission. In all other respects the information given is treated in confidence. If you have any difficulty completing the form please do not hesitate to contact the Headteacher or the Admissions Team at the school.

Please return this form to: The Chair of Governors
Admissions
St Aidan's Church of England High School
Oatlands Drive
Harrogate
HG2 8JR

Closing Date: 31st October 2018



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