

Supplementary admissions information form

Queen Elizabeth's Academy

Edition – September 2025 or academic year 2027/28

This form is for applicants who wish church commitment to be taken into consideration as part of their application. The supplementary information form must be completed in addition to the local authority's application form.

Please ensure both parts are completed and signed and return it to Queen Elizabeth's Academy.

Part one – to be completed by parent or carer	
Surname of child	
Date of birth	
Christian / forename(s) of child	
Parent or carer's full name	
Contact information	
Home address	
Post code	
Phone (home)	
Phone (work)	
Mobile	
Email address	
I have completed this supplementary form in good faith and I am aware that the offer of a place may be withdrawn if any information is found to be fraudulent or potentially misleading.	
Signature	
Date	

Part two – to be completed by a recognised leader of the Church/Parish	
<p>Please note – measurement of attendance</p> <p>In the event that during the period specified for attendance at worship the church has been closed for public worship and has not provided alternative premises for that worship, the requirements of these admissions arrangements in relation to attendance will only apply to the period when the church or alternative premises have been available for public worship.</p>	
<p>Please confirm if the child or parent/carer named on the form is:</p>	
<p>i) 'At the heart of the Church' – a regular, committed worshipper who has worshipped at least twice a month for 24 months immediately prior to the date of application. Please include week-day worship.</p>	
<p>Child Yes <input type="checkbox"/></p> <p> No <input type="checkbox"/></p>	<p>Parent Yes <input type="checkbox"/></p> <p> No <input type="checkbox"/></p>
<p>ii) 'Attached to the Church' – a regular, but not frequent worshipper who has worshipped at least once a month for 24 months immediately prior to the date of application. Please include week-day worship.</p>	
<p>Child Yes <input type="checkbox"/></p> <p> No <input type="checkbox"/></p>	<p>Parent Yes <input type="checkbox"/></p> <p> No <input type="checkbox"/></p>
Church/Parish	
Signature	
Print name	
Church position/title	
Date	
Contact information	
Phone	
Email address	