The Priory School Supplementary Information Form (SIF) for September 2024 applications



For completion by the <u>Parish priest/Minister of religion/Faith Leader</u> for all applications under criteria 4

Application in respect of: _____ Date of birth: _____

I confirm that the student named above wishes to atter denominational preference.	nd The Priory School for reasons of
Please tick box to confirm	
Regular Church Attendance by student or parent(s)	
Criteria 4 Students and/or their parent(s) who regularly worship at a Cleburch of another denomination, or who regularly worship as community (6 times in the 12 months immediately prior to the	members of another faith or religious
In the event that during the period specified for attendance at worship, the church or, in relation to those of other faiths, relevant place of worship, 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 in relation to those of other faiths, relevant place of worship, or alternative premises have been available for public worship.	
I confirm that the box ticked above is applicable to the above student wishes to attend The Priory School	named student (or parents) and that the
Signed:(Priest / Minister / Leader)	Full name and address of Church
	(or other place of worship) and
Please print name:	parish stamp.
Status:	
Church: —	
Denomination:	
Date:	
Contact telephone number: (in case of query)	-

This form should be returned to The Priory School Admissions office by the parent(s)