



**SUPPLEMENTARY INFORMATION Part A**

**Secondary Applications September 2021-22**

**Please print in BLOCK CAPITALS and return this form by 4.00pm on 31st October 2020 to:**

***Post: Bradford Academy, Teasdale Street, Bradford, BD4 7QJ –FAO Attn: Miss Philippa Darbandi***

**Applicants Details**

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Date of birth: ...../...../.....

Student’s address: .....

Postcode: .....

Telephone no:.....

**Present Nursery:**

Name of present Nursery:.....

**Please indicate which local authority if not in Bradford**

**Parent/Carer Contact Details**

Mr/Mrs/Miss/Ms/Dr/Other

Name: .....

Daytime contact no: .....

Mobile no: .....

Email: .....

**Faith Information**

Please indicate Christian or other faith:.....

Place of worship: .....

Attends on average twice a month                      Yes                      No

Attached written reference from a religious leader                      Yes      No

Applications must be supported by a written reference from a Minister of Religion. There is no minimum qualifying period of attendance.



**Please sign and date the declaration below**

I have read a copy of the admissions policy.

I understand that failure to disclose ant information, or provision of false information , may result in a place being withdrawn should it be offered.

Parent/Carer signature: .....

Print name:.....

Date:...../...../.....

**Request for Religious Leader’s reference**

**Name and address of family making application:**

**Dear**

The family (parent/carer) named above have made a Secondary Application for admission to Bradford Academy on the basis of Faith commitment. In order for us to consider this application on the basis of Faith commitment we would ask that you provide the school with the following information.

1. What is the name of the place of worship? .....
2. Is the above child or family (parent/carer) a member of your Church/place of worship? **Yes/No**
3. Is their attendance at worship **fortnightly/monthly/less?**

There is no minimum qualifying period for attendance.

**Thank you for completing this form, please sign below and return to the school.**

**Signed:**.....

**Telephone/Email:**.....

**Name:**.....

**Position:**.....

**Date:**...../...../.....

*NB: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,*



**BRADFORD**ACADEMY

*relevant place of worship] or alternative premises have been available for public worship*



**Part B**

**Children of Staff**

Please indicate if you are applying on the basis of child of staff Yes/No

Name of Staff member: .....

Position:  
.....

Years of service: .....

Signed: .....  
...../...../.....

Date:

<b>Name of Child</b>	
<b>Name of Parent/Carer</b>	
<b>Address</b>	