

SUPPLEMENTARY INFORMATION FORM FOR 2019/20 ADMISSIONS

A. YOUR CHILD

1. Full Name of child: _____ Date of birth: _____
2. Home Address

Postcode _____
Tel No: _____

B. YOU AND YOUR CHRISTIAN FAITH

(The information requested below must be provided for by at least one parent/carer of the child named above.)

1. Parent /carer name: _____
2. Home address of parent /carer
(if different from child's normal address):

3. Anglican Benefice or Parish in which you live
and forms the basis of the application: _____
4. Current usual place of worship: Busbridge Church * / Hambledon Church * (* delete as applicable)
5. Which service(s) in the United Benefice
do you usually attend? _____
6. Which most accurately describes the
frequency of your attendance at Christian
worship in the United Benefice for the last
5 months up to 15th January 2019 ☐ at least twice a month
☐ less frequent
7. Have you attended Christian worship
regularly (at least twice a month) for
the 3 years up to 15th January 2019 _____ Yes _____ No
8. If you have not attended worship in the United Benefice regularly (at least twice a month) throughout the 3 years
prior to 15th January 2019 please identify any other Christian church(es)* where you have regularly worshipped
during that period, and submit with this Form a letter from the Vicar (or equivalent), or another member of the
ordained Clergy or church leadership, at such other church(es) confirming your pattern of regular worship there:

Church

Church

Church

Period & Frequency of Regular Attendance

Period & Frequency of Regular Attendance

Period & Frequency of Regular Attendance

(*Christian is defined as membership of the Council of Churches of England and/or the Evangelical Alliance)

**TO BE COMPLETED BY THE RECTOR OR ANOTHER MEMBER OF THE CLERGY
OF THE UNITED BENEFICE OF BUSBRIDGE AND HAMBLEDON**

BENEFICE CHURCH VERIFICATION

Please note: the church is committed to acting with integrity and honesty in completing this Form. It is completed in good faith as a Christian organisation committed to its local community and area.

Name of child:

Name of parent/carer:

Declared Home Address of child:

As a member of the Clergy of the United Benefice of Busbridge and Hambledon, I confirm that the information contained in the Supplementary Information Form completed by the above-named parent/carer enables me to confirm that the application to Busbridge CofE (Aided) Junior School for a place for the above-named child is for a child whose Home Address is within the Ecclesiastical boundaries of the United Benefice of Busbridge and Hambledon, the Parish of Godalming or the Parish of Farncombe (as identified on www.achurchnearyou.com), at least one of whose parent/carer has attended Christian worship regularly (at least twice a month) for the 3 years prior to 15th January 2019 and whose regular Christian worship (at least twice a month) has been at Busbridge Church and/or Hambledon Church for at least the last 5 months prior to that date.

Signed:

Date:

Name:

Position within Clergy of the United Benefice: