

COCKERNHOE ENDOWED C OF E PRIMARY SCHOOL

Cockernhoe Green, Nr Luton, LU2 8PY
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Headteacher: Mr Simon Philby

Admissions Policy

SUPPLEMENTARY INFORMATION FORM NUMBER TWO - FOR THOSE APPLYING UNDER CATEGORY 5,6 & 7

Please note, priority will be based on the parent/carers links with the church and not just the child's membership.

The relevant criterion is:

Category 5

Children living outside the area as defined in category 3, one or more of whose parents/carers have, at the time of application, and for a period of twenty four months previously, attended worship at St Francis at least twice each calendar month and be an active and committed member of the church.

Category 6

Children living outside the area as defined in category 3, one or more of whose parents/carers have, at the time of application, and for a period of twenty four months previously, attended public worship at other Christian Churches in the parishes of St Francis and St Thomas at least twice in each calendar month, and live within the parish boundaries and be an active and committed member of the church.

Category 7

Children living outside the area as defined in category 3, where one or more of whose parents/carers have, at the time of application, and for a period of twenty four months previously, attended public worship at other Christian Churches outside the parish of St Francis and St Thomas, at least twice in each calendar month and be an active and committed member of the church.

The Governors define a 'Christian Church' to be one which is a member of Churches Together in England or the Evangelical Alliance.

Name of Child:

Address:

Name(s) of all persons(s) who have parental responsibility:

.....

Criterion Under Which Applying: **5 6 7**

Name and Address of Church:

Name of Minister/Vicar:.....

I confirm that we have regularly worshipped at the above Church **as a family** at least twice in each calendar month for a minimum of twenty four months.

Parent/Carer Signature: Date:

I confirm that this family have regularly worshipped at the above Church at least twice in each calendar month for a minimum of twenty four months.

Clergy Signature: Date:

Clergy Name:

For office use
Date received: