

APPLICATION FOR ADMISSION (Supplementary Form)

Hartlip Endowed Church of England (Aided) Primary School
The Street, Hartlip, Sittingbourne, Kent ME9 7TL
Tel: 01795 842473 Fax: 01795 843148
e-mail: headteacher@hartlip.kent.sch.uk
website: www.hartlip.kent.sch.uk



Child's name in full *Male/Female	
Parents'/Carers' names in full	
Address	
Telephone No:	
Child's Date of Birth	
Church Attended by Parents/Carers	
Sunday School attended by child	
Name of Rector/Vicar/ Minister who knows child	
Address of Rector/Vicar/ Minister	
Name and Address of previous Rector/Vicar/ Minister if you have moved recently.	
Names of brothers/sisters or other close members of the family already attending Hartlip School	
I/We apply for the admission of (Child's name) _____ to Hartlip Endowed Church of England (Aided) Primary School	
Date _____	Signature Parent/Carer _____

Should the Admissions Committee decide not to accept a child, parents may apply to the Headteacher, in writing, for details of the appeals procedure.

RECTOR/VICAR/MINISTER FORM

**To be completed by your Rector/Vicar/Minister
and returned to:**

The Headteacher
Hartlip Endowed Church of England (Aided) Primary School
The Street
Hartlip SITTINGBOURNE
Kent ME9 7TL

by (date):.....

in respect of an application for admission to the School.

Name of Child _____

Names of Parent(s)/Carers(s) _____

Address _____

Church/Sunday School attendance by child(ren) and/or parents
(please specify and delete* as appropriate)

- * Once a Month
- * less than once a month

since _____

Please add any other comments if possible, (eg. on how frequently services are actually held at the church in question)

- Neither the above nor his/her parents, are to the best of my knowledge, members of my congregation.

Please note Under the terms of the Appeals Procedure parents wishing to appeal have the right to see all correspondence relating to their application.

Date _____

Signature _____
Rector/Vicar/Minister

Print Name: _____

Name of Church _____