

**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](mailto:headteacher@hartlip.kent.sch.uk)**  
**website: [www.hartlip.kent.sch.uk](http://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 and 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 who will be attending Hartlip School at the time of Admission.	
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**

**Section 1 to be completed by applicant as far as possible and then Section 2 to be signed by Rector/Vicar/Minister.**

**Section 1**

Name of Child \_\_\_\_\_

Names of Parent(s)/Carers(s) \_\_\_\_\_

Address \_\_\_\_\_

**Name of Church Attended:** \_\_\_\_\_

Since When Attended (Date): \_\_\_\_\_

Service(s) Attended: \_\_\_\_\_

Frequency of Attendance \* Monthly/\*less than Monthly (\*delete as appropriate)

If less than monthly - how often? \_\_\_\_\_

*NB: Published Sunday congregational worship*

**Other Church Activities Attended:** \_\_\_\_\_

How Often: \_\_\_\_\_

**Section 2**

Verification and Signature of Rector/Vicar/Minister (delete as appropriate)

- I confirm the above details and that they are members of my congregation.
- 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 \_\_\_\_\_

**Please return to:**

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

**by (date):.....**