

CHURCH APPLICATIONS TO BISHOP WORDSWORTH'S SCHOOL

This form requests information on applications being made to Bishop Wordsworth's School on church grounds.

Please complete this form and return it to Mrs R Cliffe by email to admissions@bws.wilts.sch.uk

Child's Information	
Name:	Date of Birth:
Normal Weekday Residence:	
Present School:	Contact Tel No:

Bishop Wordsworth's School is a Church of England School. Is this application being made on the grounds of BWS being a Church School? If yes, please now answer a or b below. (Please note that verification checks will be made)	YES / NO
a. For parents who are practising members of the Church of England , please ask your minister or relevant church leader to complete this section and provide the church stamp: Has he attended church regularly, on average at least twice per month, over the previous 24 months? YES/NO If attendance has been less regular than an average of twice per month, has he attended another church over the previous 24 months? YES/NO If so, please provide the name and address of the church: I confirm that this child is known to me as a practising member of the Church of England. YES/NO Name, address and stamp of your church: Signature: Status: Pls print your name: Contact tel no: Contact email address:	
b. For parents who are practising members of other Churches , please ask your minister/religious leader to complete this section and provide the church stamp: Is your Church a member of a member of Churches Together in Britain and Ireland (www.ctbi.org.uk) or to Christian groups sympathetic to the Church of England eg. Quakers, the Salvation Army? YES/NO Please provide name, address and stamp of Church: Has he attended church regularly, on average at least twice per month, over the previous 24 months? YES/NO If attendance has been less regular than an average of twice per month, has he attended another church over the previous 24 months? YES/NO If so, please provide the name, address and stamp of the Church: I confirm that this child is known to me as a practising member of the Church and I confirm that I am an authorised leader of this Church YES/NO Signature: Status: Pls print your name: Contact tel no: Contact email address:	

To the best of my knowledge, the information I have given is correct and I will advise the School in writing of any changes of information to this form. I understand that providing incorrect or misleading information could lead to the withdrawal of the offer of a place. I understand that the information I have provided may be held on computer (registration for this purpose has been made under the Data Protection Act).

SIGNED : **DATE:**