IDE HILL CHURCH OF ENGLAND PRIMARY SCHOOL
APPLICATION SUPPLEMENTARY FORM

This form **must be completed** if you wish your application to be considered under the following criteria:

- **Faith priority**
- **A child or a parent/guardian of the child with a particular medical, health or special access consideration**
- **A child with a parent who is a relevant member of staff at Ide Hill CE School**

The form should be completed, in conjunction with the school's current admissions policy and the Local Authority Application Form. Please return this form to the Bursar, Ide Hill CE Primary School, Ide Hill, Kent, TN14 6JT by **January 15th 2027.**

Pupil Details:

Surname:		Forename(s):	
Date of Birth:		Gender:	
Parent / Carer's surname (if different):			

Family Details
Please note that this address will be used for all future correspondence unless otherwise notified.

Pupil's main address:	Name of person(s) with Parental Responsibility:
Postcode:	Daytime Contact Number:

Please answer the following questions:	**Yes**	**No**
1. Are you applying under Faith priority (see section D4 and D5 of our admissions policy), evidenced with supporting documentation attached to this form?		
2. Does your child or a parent/guardian of the child have a particular medical, health or special access consideration (see section D6 of our admissions policy), evidenced with supporting documentation attached to this form?		
3. Does your child have a parent/guardian who is a relevant member of staff at Ide Hill CE School, (see section D7 of our admissions policy), evidenced with supporting documentation, attached to this form?		

Steps required to complete this application
Parents / Guardians are required to provide documentation in support of their application under the following admissions criteria:

- **Faith priority**
- **A child or a parent/guardian of the child with a particular medical, health or special access consideration**
- **A child with a parent who is a relevant member of staff at Ide Hill CE School**

Please tick each statement that applies to your application as confirmation that you have read and understood the steps that you must take.

	I understand that in order to be considered for a priority place under any of the above three admissions criteria, I must ensure that this form and any relevant supporting documentation is provided and confirmed as received by the school before the application deadline.
	I understand that it is the responsibility of the Parent / Guardian to obtain a reference from their Minister page 2 of this form) in support of any Faith application before the deadline shown and that if I cannot provide this information or fail to return this form by the deadline, Faith criteria cannot be applied to this application.

IDE HILL CHURCH OF ENGLAND PRIMARY SCHOOL
Ide Hill, Sevenoaks, Kent TN14 6JT
Tel: 01732 750389 Email: office@ide-hill.kent.sch.uk
Website: www.idehill.eschools.co.uk

Dear Minister,

Name of Child:	

The above named child has applied for a place at Ide Hill Church of England Primary School. As a Voluntary Aided School, we are able to apply our own criteria for oversubscription which includes regular attendance at Church. The applicants have indicated that at least one parent/guardian has attended Church at least monthly for the two years preceding this application. I would be grateful if you could please supply written confirmation on behalf of the applicant by completing this form and returning it to the parent.

Please confirm which applies to the applicant:

A parent/guardian of the applicant is a practicing member in the Parish of Sundridge with Ide Hill and Toys Hill.	
	I confirm that at least one parent/guardian of the applicant has attended Church ***in the Parish of Sundridge with Ide Hill and Toys Hill at least monthly for the two years preceding the application for a school place.***

OR

A parent/guardian of the applicant is a practicing member at any other Christian Church (that is a member of Churches Together in Britain and Ireland or the Evangelical Alliance).	
	I confirm that at least one parent/guardian has attended religious services at a member of Churches Together in Britain and Ireland or the Evangelical Alliance or Place, ***at least monthly for the two years preceding the application for a school place.***

Signed:	
Name of Minister:	
Contact email & telephone number of Minister:	
Name and address of Church:	
Date:	