|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **final logo1 (2)St Jérôme Church of England Bilingual School**  **Supplementary Application Form in Year Admission**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Reception |  | Year 1 |  | Year 2 |  | Year 3 |  | | Year 4 |  | Year 5 |  | Year 6 |  |  |  |     Please tick the year group which applies |   This form should be completed by any applicants who want to apply for a Foundation place at St Jérôme Church of England Bilingual School. Section A should be completed by the Parent/Guardian and Section B by a member of the Clergy. |
|  |
| **Section A (to be completed by the parent/ guardian)** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s First Name(s)** |  | | | | | **Child’s Surname** | | |  | | | |
|  |  | | |  | |  | | |  | | | |
| **Child’s Home Address** |  | | | | | | | | | | | |
|  | | | | | | **Full Postcode** | | | | | |
|  | | | | | | | | | | | |
|  | |  |  | | | | |  | | |  |  |
| **Parent/ Carer** | | **Title** |  | | | | | **First name or initial** | | |  |  |
|  | | | | | | | | | | | | |
| **Surname** |  | | | | | | | **Relationship to Child** | | |  | |
|  |  | |  | |  | | |  | |  | | |
| **Daytime phone** |  | | **Mobile phone** | |  | | | **Email** | |  | | |

|  |
| --- |
| **Section B (to be completed by a member of the clergy)** |

**Note to clergy:** The Governors, in association with the London Diocesan Board for Schools, would be most grateful if you could provide the following information so that we can allocate the Foundation places in line with the School’s Admissions Policy.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Clergy** |  | | **Phone number** |  | | |
|  |  |  |  |  | | |
| **Name of Church** |  | | **Email address** |  | | |
|  |  |  |  | |  |  |
| **Church Address** |  | | | | | |

|  |  |
| --- | --- |
| Is your Church either a full or associate member of Churches Together in Britain and Ireland or the Evangelical Alliance? **Please circle**  **YES / NO** | Has the child attended a church service with a parent, carer or guardian for at least two years on at least two occasions per month? **Please circle**  **YES / NO** |

SIGNED: ............................................................................. DATE: ....................................................  
(Signature of Clergy)  
  
Return forms to [office@stjeromebilingual.org](mailto:office@stjeromebilingual.org) or St Jérôme Church of England Bilingual School, 120-138 Station Road, Harrow, Middlesex, HA1 2DJ. Information supplied will be used for registered purposes under the Data Protection Act 1998.  
**NB. We appreciate that during 2020 churches have been closed to public worship due to COVID-19. We consider that churches were closed from 17 March 2020 until 12 July 2020. If you would have attended church twice a month for two years apart from during this period we consider that this requirement has been met.**