

Date received: .....

(School use only)

**SUPPLEMENTARY INFORMATION FORM FOR MID YEARS ADMISSION TO  
DAVENANT FOUNDATION SCHOOL**

(This is not an application form)

**Please print information clearly**

Child's First Name: ..... Child's Surname: .....

Boy / Girl (please circle) Date of Birth: ..... Tel. No: .....

Address:.....

..... Post Code: .....

NAME/ SURNAME OF PARENT/LEGAL GUARDIAN 1: .....

Relationship to child: .....

Email ..... (We will use this to confirm receipt of application)

NAME/ SURNAME OF PARENT/LEGAL GUARDIAN 2: .....

Relationship to child: .....

**Family Information:**

Brother/Sister currently attending Davenant? Please provide the youngest sibling details only:

Name: ..... Form: .....

**Church Attendance:**

Please refer to the Notes for Guidance. *NB Provide details for one parent/legal guardian only.*

Use the tables below to indicate the frequency of attendance at an affiliated place of Christian or Jewish Worship of parent/legal guardian making the application. Please draw a circle around one of the five letters on each row **for each and every one of the last seven years.**

We will seek references for Parent/Legal Guardian 1 by default. The box below should only be ticked if you wish references to be sought for Parent/Legal Guardian 2 instead.

Church references to be based on Parent/ Legal Guardian 2

Year	Parent				
2014	W	F	M	O	N
2015	W	F	M	O	N
2016	W	F	M	O	N
2017	W	F	M	O	N
2018	W	F	M	O	N
2019	W	F	M	O	N
2020	W	F	M	O	N

The letters describe the frequency of attendance as follows:

- W = Weekly
- F = Fortnightly
- M = Monthly
- O = Occasionally
- N = Never

**Places of Worship:**

The Governors will write independently to the Ministers whom you nominate in order to confirm the information you have given. Please complete the table below to show **all the Churches** which you have attended regularly during the last 7 years, and the names and **current** addresses of **all the Ministers** of those Churches during the last 7 years. If you nominate overseas referees, **please supply email details.**

Please inform your referees that you have given their names and, if necessary, remind them of your involvement with their congregation **during the years that they will be asked to confirm.**

Please ensure that your referees complete and return their reference forms **as soon as possible.**

**Parent/Legal Guardian**

Period (e.g. 2014-20)	Name, Address and Denomination of Place of Worship	Name, Position Held and <b><u>current</u></b> Address of Referee (including Post Code)

**Declaration**

I confirm that I have read the **Notes for Guidance** for the completion of this form.

I confirm that the information I have given on this form is true and that I have parental responsibility for this child.

I understand that the School is a Christian Foundation School with an ecumenical ethos.

Signature: ..... Relationship to child: ..... Date: .....

**Checklist for items which must be enclosed – Provide photocopies of documents only:**

- Council Tax Notification (current year)
- 1 item Child Benefit Statement (showing child's **name**)/Child Tax Credits/Copy Medical Card/Building Society Bank Passbook or Statement showing child's name and address
- Two utility bills dated within previous three months

**THIS FORM SHOULD BE RETURNED WITH THE ACCOMPANYING ITEMS BY HAND OR POST (NOT EMAIL OR FAX) AS SOON AS POSSIBLE**

To: The Admissions Officer, Davenant Foundation School, Chester Road, Loughton, Essex, IG10 2LD

**Davenant Foundation School fully complies with information legislation. For the full details on how we use your personal information please see the school website or call 0208 508 0404 if you are unable to access the internet.**