



APPENDIX A
IMMANUEL COLLEGE
SUPPLEMENTARY FORM
APPLICATION FOR A CHURCH PLACE

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Date Received

(CHILD) First name(s) _____
Last name _____

Section 1

Date of Birth _____ Present School _____

Parent(s)/Carer(s) name(s) _____

Permanent Address _____

Postcode: _____ Tel: _____

BROTHERS OR SISTERS AT SCHOOL

This section should be completed if applicable

Section 2

Will the child have a brother or sister* at Immanuel College who will be continuing at the College in the year for which the applicant will be admitted? Yes / No * Brother or sister in this policy are brothers or sisters who are blood relations, step brothers and sisters and adopted and fostered children who live at the same address.

Name(s) _____ Form(s) _____

LINKS WITH CHURCH

This section should be completed if applicable

Section 3

Your religious denomination _____

Your church's name (e.g. St John's) _____

What are the child's links with this church? _____

What are the parent(s)/carer(s)' links with this church? _____

CHURCH REFERENCE

Name of Vicar/Minister/Pastor _____

Address _____

Postcode _____

Tel No: _____

It is essential that you tell this person that you have given his/her name as a referee and ask him/her to submit the confidential reference directly to the address below.

LINKS WITH SCHOOL (Only for staff members who have worked at Immanuel for two or more years)

Date when present employment commenced _____

I apply for my child to be admitted to Immanuel College _____

Signed _____ (Parent/Carer) Date: _____

Completed application should be sent on this form to:
Mrs S J Tiller, Immanuel College, Leeds Road, Idle, Bradford, BD10 9AQ.