

IMPORTANT: This form must be returned directly to school before 15<sup>th</sup> January 2025 either to school address or [bursar@ribchester-st-wilfrids.lancs.sch.uk](mailto:bursar@ribchester-st-wilfrids.lancs.sch.uk) if parent(s)/carer(s) wish their application to be considered against faith criteria.

**Diocesan Supplementary Information Form  
Admission to primary school, 2025**

**Ribchester St. Wilfrid’s Church of England Primary School**

**Name of child:**

**Surname** ..... **Christian names** .....

Date of birth .....

**Name of parent/guardian** .....

Address .....  
.....  
.....

Post code .....

**Contact telephone number** .....

**If you are applying to this school on faith grounds, please complete the following sections:**

**Place of worship** one of parents / guardians regularly attends:

Name of place of worship .....

Address .....  
.....

**Name of vicar / priest / minister / faith leader / church officer:**

.....

Address .....  
.....  
.....

Post code ..... Telephone .....

**Your faith leader will be contacted in order to provide the information.**

This form is for use by the School; it will be sent to the appropriate faith leader, to be returned directly to the school.

**Clergy Reference Form: Admission to primary school, 2025**

**Ribchester St. Wilfrid's Church of England Primary School**

**Name of child:**

**Surname** ..... **Christian names** .....

Date of birth .....

**Name of parent/guardian** .....

Address .....

.....

.....

Post code .....

**Contact Telephone** .....

This parent has given your name as a reference for his/her commitment to the church/place of worship. Our criteria require the parent to have attended their place of worship once a month for six months prior to 1<sup>st</sup> September 2024.

Has this been the pattern for this parent? YES / NO

If NO, has your church building been closed for fully-accessible and non-restricted worship<sup>1</sup> during the qualifying period? YES / NO.

IF YES, please give the dates of when fully-accessible and non-restricted worship was not possible in the church building.....

Signed .....

Name ..... Date: .....

Position .....

Church .....

This church is a part of (please tick):

☐ Churches Together in England ☐ Evangelical Alliance ☐ North West Gospel Partnership

Please return this form to .....

By .....

<sup>1</sup> For a definition of what qualifies as accessible and non-restricted worship contact [admissions@blackburn.anglican.org](mailto:admissions@blackburn.anglican.org)