

SUPPLEMENTARY INFORMATION FORM IN SUPPORT OF APPLICATIONS ON RELIGIOUS GROUNDS

Please complete this form is you are applying for a place for your child on religious grounds. Please tick the school(s) you are applying for – this form can be used for one or all of your preferences:

E Junior School pol ary School ol pol School			
ont/Carar)			
nown as"names)			
plications for the 2025/26 academic year ONLY			
Has the child attended worship at least twice a month for at least one year at a recognized Christian church or religious group? AND		No 🗆	
se tick one of the following):			
Is a member of the 'Anglican Communion'			
Is a member of (or in fellowship or partnership with, or of the same denomination as a member church of) the 'Evangelical Alliance' or the 'Fellowship of Independent Evangelical Churches' or 'Affinity'			
Is one that is in agreement with the Basis of Faith and the Objectives of 'Churches Together in Bournemouth, Christchurch and Poole' (or your local Churches Together group			
	ary School ol ol chool ent/Carer) own as"names) clications for the 2025/26 academic year ONLY st twice a month for at least one year at a us group? AND se tick one of the following): nion' rtnership with, or of the same denomination as lliance' or the 'Fellowship of Independent Evang asis of Faith and the Objectives of 'Churches Tog	ary School ol ol ol ichool ent/Carer) own as"names) Dications for the 2025/26 academic year ONLY st twice a month for at least one year at a us group? AND se tick one of the following): nion' rtnership with, or of the same denomination as a lliance' or the 'Fellowship of Independent Evangelical asis of Faith and the Objectives of 'Churches Together in	

SECTION C – to be completed for	applications for the 2026/27 academic y	year ONLY		
Has the child attended worship at least once a month for at least one year at a Yes \Box		Yes 🗆	No □	
recognized Christian church or rel	igious group? AND			
The Church or religious group is (r	please tick one of the following):			
The Church or religious group is (please tick one of the following): Is a member of the 'Anglican Communion'				
C				
Is a member of (or in fellowship or partnership with, or of the same denomination as a			П	
member church of) the 'Evangelic Churches' or 'Affinity'	al Alliance' or the 'Fellowship of Indepen	dent Evang	gelical	1
	ne Basis of Faith and the Objectives of 'Ch		gether in	
Bournemouth, Christchurch and F	oole' (or your local Churches Together g	roup		
SECTION D – (to be completed by	Priest/Vicar/Minister/Leader of Church)			
I confirm that the inform	ation is correct			
Name of				
Priest/Vicar/Minister/Leader of				
Church (please print)				
Name of Church				
Church Address				
Signature		Date		
Please email your completed form	to:			
admissions@coastalpartnership.co	.uk			
or alternatively post your form to:				
Coastal Learning Partnership				
Heathlands Primary Academy Andrews Close				
Springwater Road				
Bournemouth Dorset				
BH11 8HB				

General Data Protection Regulation (GDPR) and Data Protection Act (DPA) 2018 – We process your personal information in accordance with GDPR and DPA 2018. If you would like to know how we use your information, please see our data protection policy on the CLP website: Data Protection Policy