

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:

 □ Baden Powell & St Peter's CE Junior School □ Corfe Castle CE Primary School □ Lilliput CE Infant School □ Longfleet CE Primary School □ Lulworth & Winfrith CE Primary School □ St George's CE Primary School □ St Mark's CE Primary School □ Stoborough CE Primary School □ Wareham St Mary CE Primary School □ Wool CE Primary School 			
SECTION A – (to be completed by Parent/Carer)			
(Please do not use abbreviated or "known as" names)			
Child's Legal Surname			
Child's First Name			
Child's Date of Birth			
Child's Home Address			
,			
SECTION B – to be completed for applications for the 2025/2	•		
Has the child attended worship at least twice a month for at l recognized Christian church or religious group? AND	east one year at a	Yes	No 🗆
The Church or religious group is (please tick one of the follow	ing):		
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			

SECTION C – to be completed for	applications for the 2026/27 academic y	ear 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 (p	please 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'	al Alliance of the Fellowship of Independ	Jeni Evang	gencar	
•	ne Basis of Faith and the Objectives of 'Ch	urches To	gether in	
Bournemouth, Christchurch and P	oole' (or your local Churches Together gr	oup		
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