**SUPPLEMENTARY FORM FOR PARENTS APPLYING FOR ADMISSION INTO CHURCH PRIMARY SCHOOLS IN SEPTEMBER 2026**

**You should only complete this form if you wish to apply for admission to one of the Church primary schools under their published church criteria. This only applies to Blackrod Anglican Methodist Primary School, St James CE (Daisy Hill) Primary School, St Mary’s CE (Deane) Primary School and St Matthews CE (Bolton) Primary School. For all other church schools, please use that school’s individual supplementary form.**

**Only forms countersigned by the Church Leader can be considered. The completed form should be returned to the local authority by 15 January 2026.**

**You may still show one of these schools as your preference even if you do not attend Church and your application will be considered based on any sibling link and/ or where you live. In such cases this form need not be completed.**

**The admission criteria for each of these schools are published in the Schools Directory on our website at** [**www.bolton.gov.uk/admissions**](http://www.bolton.gov.uk/admissions) **or on each schools’ individual website. If you need further help you should contact the local authority by emailing** [**admissions@bolton.gov.uk**](mailto:admissions@bolton.gov.uk)

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which church do parent(s) and child attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How frequently do the parent(s) and child attend Church on Sunday?

At least monthly \_\_\_\_\_

Less frequently than monthly \_\_\_\_\_

For how many years has this attendance been sustained?

Less than one year \_\_\_\_\_

More than one year \_\_\_\_\_

I declare that the above information is correct and complete.

Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that the above information is correct and complete. I can verify that the child named and their

Parents are members of

Name of Church **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vicar/Minister’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vicar/Minister’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Forms which have not been countersigned by a church official will not be taken into consideration.**

Please return the completed form to **School Admissions, Children’s Services, Bolton Town Hall, Bolton, BL1 1RU** or email a clear scanned copy to [admissions@bolton.gov.uk](mailto:admissions@bolton.gov.uk) by 15 January 2026