THE BISHOP FRASER TRUST

ST JAMES'S
CHURCH OF ENGLAND HIGH SCHOOL

CARING FOR OTHERS † ACHIEVING EXCELLENCE

SUPPLEMENTARY FORM FOR ADMISSION SEPTEMBER 2027

Child's First Name.....

Child's Surname.....

Date of Birth.....

Address.....

.....Postcode.....

Email.....

Telephone Number.....

We would expect applications to be from those parents who wish their children to receive a **Christian education in a Church of England school.**
The completed form should be returned by the closing date of 9th November 2026 to:

The Admissions Manager,
St James's Church of England High School,
Lucas Road, Farnworth, Bolton BL4 9RU

Please mark the envelope 'SUPPLEMENTARY FORM – ADMISSION SEPTEMBER 2027'

(If posting it is recommended that you obtain a 'proof of posting' from the post office). Applicants will receive a receipt when a Supplementary Form is received. Please ensure you keep this as this is proof of the application being received.

Please note the school office will be closed during half term from Monday 26th October to Friday 6th November 2026

IT IS STRONGLY RECOMMENDED THAT THE SCHOOL'S SUPPLEMENTARY FORM BE COMPLETED IN ADDITION TO THE LOCAL AUTHORITY PREFERENCE FORM

PLEASE ENSURE YOU READ THE GUIDANCE NOTES PRIOR TO FILLING IN THE FORM

FOR OFFICE USE ONLY

SUPPLEMENTARY FORM NO.			DATE RECEIVED	
SIBLING ☐	RESIDENCY ☐	CHRISTIAN FAITH SIGNATURE ☐	OTHER FAITH SIGNATURE ☐	CHECKED AND AUTHORISED _____
SECTION A ☐	SECTION A ☐	SECTION B ☐	SECTION C ☐	TOTAL SCORE ☐

Please answer all questions by circling the applicable answer or placing a tick in the appropriate box.
PLEASE REFER TO GENERAL GUIDANCE NOTES
All information is treated in the strictest confidence.

Applicants are expected to be supportive of the Christian ethos of the school

The Govenors will admit all Children with an EHCP (Education, Health and Care Plan) from the Local Authority that apply to St James's.	Yes	No
Q. Has your child an Education, Health and Care Plan from the Local Authority? Please indicate YES or NO by ticking the appropriate box.		
If the school is oversubscribed, the highest priority for admission will be given to Looked After and Previously Looked After Children.	**Yes**	**No**
Is this application for a "looked after child" or any child who was previously looked after but immediately after being looked after became subject to an adoption, child arrangement, or special guardianship order. 'Looked after' means that the child was (a) in the care of a local authority, or (b) being provided with accommodation by a local authority in the exercise of their social services functions. This criteria also includes looked after children and all previously looked after children who appear (to the admission authority) to have been in state care outside of England and ceased to be in state care as a result of being adopted. Please indicate YES or NO by ticking the appropriate box.		

If you have answered Yes to either of the above questions please go directly to Section D. You do not have to complete the rest of the form - Sign the form at Section D and return it to school.

SECTION A

SIBLINGS CURRENTLY IN SCHOOL	Yes	No	Points
Have you any other children currently at this school in Years 7 to 11? If "yes" please supply their name(s) and year group(s). Currently means at the date of application.			10
Does your child live within the Bolton Deanery? If in doubt please contact the school or go to the school website where you can enter the postcode and confirm if you live within the Bolton Deanery.			10

Information for Faith Applicants

All acts of worship refer to attendance for a FULL 2-YEAR PERIOD. Attendance MUST be confirmed by the signature and stamp (if available) of the church or place of worship.

Please ensure that you complete Section B for Christian Worship and Section C for Other Faiths Worship.

SECTION B - FAITH APPLICANT - CHRISTIAN WORSHIP ONLY

CHRISTIAN WORSHIP

Do you and your child attend an act of worship, other than in school?
If yes please enter the name and address of the place of worship in the box below:

Name and Address of the Place of Worship:

Please place stamp here of place of worship if available

THIS PART IS TO BE COMPLETED BY THE OFFICIAL OF THE PLACE OF WORSHIP

Attendance must have been maintained for the specified two year period, whilst the applying child is in;
Year 4 - 1st September 2024 to 31st August 2025
Year 5 - 1st September 2025 to 31st August 2026

PLEASE WRITE THE NUMBER OF WEEKS ATTENDED AT PUBLIC WORSHIP IN THE BOXES, UP TO A MAXIMUM OF 42. PLEASE WRITE THIS IN WORDS E.G. 'FORTY TWO'

Attendance whilst child in **Year 4** (1 September 2024 to 31 August 2025 - max 42)	How many weeks did the **child** attend? (In words) ..... How many weeks did the **parent** attend? (In words) .....

Attendance whilst child in **Year 5** (1 September 2025 to 31 August 2026 - max 42)	How many weeks did the **child** attend? (In words) ..... How many weeks did the **parent** attend? (In words) .....

Religious Leader's Details and Signature

Name (Please print).....

Official Title.....

Tel. Number.....

Email.....

Signature.....

(OFFICE USE ONLY)
Points Allocated

Child	Parent
Year 4	Year 4
Year 5	Year 5
Total	Total

SECTION B - FAITH APPLICANT - OTHER FAITHS ONLY

OTHER FAITHS

Do you and your child attend an act of worship, other than in school?
If yes please enter the name and address of the place of worship in the box below:

Name and Address of the Place of Worship:

Please place stamp here of place of worship if available

THIS PART IS TO BE COMPLETED BY THE OFFICIAL OF THE PLACE OF WORSHIP

Attendance must have been maintained for the specified two year period, whilst the applying child is in;
Year 4 - 1st September 2024 to 31st August 2025
Year 5 - 1st September 2025 to 31st August 2026

PLEASE WRITE THE NUMBER OF WEEKS ATTENDED AT PUBLIC WORSHIP IN THE BOXES, UP TO A MAXIMUM OF 42. PLEASE WRITE THIS IN WORDS E.G. 'FORTY TWO'

Attendance whilst child in **Year 4** (1 September 2024 to 31 August 2025 - max 42)	How many weeks did the **child** attend? (In words) ..... How many weeks did the **parent** attend? (In words) .....

Attendance whilst child in **Year 5** (1 September 2025 to 31 August 2026 - max 42)	How many weeks did the **child** attend? (In words) ..... How many weeks did the **parent** attend? (In words) .....

Religious Leader's Details and Signature

Name (Please print).....

Official Title.....

Tel. Number.....

Email.....

Signature.....

(OFFICE USE ONLY)
Points Allocated

Child	Parent
Year 4	Year 4
Year 5	Year 5
Total	Total

SECTION D - SIGNATURE OF PARENT/CARER

Information which is deliberately misleading may invalidate this application.
I confirm that the information given in this Supplementary Form is, to the best of my knowledge, true and accurate.

Signature of Parent / Carer.....Date.....

Name in block capitals (Mr, Mrs, Ms, Miss).....

All details given in this Supplementary Form may be confirmed by Governors
Please visit the school website at www.st-james.bolton.sch.uk for further information regarding the school
Headteacher Mrs C Anderson LLB

THE CHURCH OF ENGLAND
Diocese of Manchester