**Declaration in Support of Your Preference**

**For a Place at St Michael’s Church of England**

**High School**

**2024/2025**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pupil Surname: | | |  | | | | | | | | Male/Female (delete as appropriate) | | | | | |
|  | |  |  | | | | | | |  |  | | | |  | |
| Pupil forenames: | | |  | | | | | | | | Date of Birth: \_\_\_/\_\_\_/\_\_\_ dd/mm/yy | | | | | |
|  |  | |  | | | | | | |  |  | | | |  | |
| Address: |  | | | | | | | | | | | | | | | |
|  |
|  |
|  |  | | | | |  | | | |  | |  | | | |  |
| Post Code: |  | | | | | | | | |  | |  | | | |  |
|  |  | | |  | | | | | |  | |  | | | |  |
| I can confirm that my child attends: | | | | | | | |  | | | | | | | | |
|  | |  | | | | | (place of worship) | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | |
|  | |
|  | |
|  | | | | | | |  | | | | | | | | | |
| Signature of Parent(s) Carer(s): | | | | | | |  | | | | | | | Date: | |  |
|  | |  | | | | | | | |  | |  | | | |  |
| Please print name: | | | | |  | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | |
| **To be completed by the Minister/Faith Leader:** | | | | | | | | | | | | | | | | |
| I confirm that this child has attended services at least 12 times within the last 12 months at:\* | | | | | | | | |  | | | | | | | |
|  | | | | |  | | | | (place of worship) | | | | | | | |
| Signature of Minister/Faith Leader: | | | | | |  | | | | | | | Date: | | |  |
|  | | | | | |  | | | | | | |  | | |  |
| Please print name: | | | | | |  | | | | | | | | | | |

**When you have completed this form, please send it to St Michael’s Church of England High School, Curral Road, Rowley Regis, B65 9AN**

**NB\* For an application on denominational grounds to be valid, this MUST be completed by a Minister/Faith Leader. Attendance at the place of worship does not include non-service activities such as youth clubs.**