



Primary School

Supplementary Information Form

Name of child	
Date of Birth	
Gender	Male / Female *delete as appropriate
Name of Parent/Carers	
Address of Parent/ Carers	Post Code:
Telephone	Home: Mobile:

Place of worship one of Parents/Carers regularly attends:

Name of place of worship	
Name of Vicar/Priest/Minister/Faith Leader/ Church Officer	
Address	Post Code:
Telephone	

Worship Attendance:

Please tick if you have attended a minimum of one service per month for the six months prior to the closing date for applications as in criteria.	
Church Vicar or Minister confirmation of worship attendance.	Name: Signature:

Please note:

In the event that during the period specified for attendance at worship the church has been closed for public worship and has not provided alternative premises for that worship, the requirements of these [admissions] arrangements in relation to attendance will only apply to the period when the church or alternative premises have been available for public worship.

See admissions policy for details