



Supplementary form to be used if you wish your application for admission to be considered on faith grounds

Name of your child:-

Surname _____ Forenames _____

Date of Birth _____ Boy Girl

Name of parent(s)/carer(s)/guardian(s) _____

Address _____

Post Code _____ Telephone Number (daytime contact) _____

The name of an older sibling who will still be attending our School at the date of the proposed admission _____

The place(s) of Worship attended by at least one parent and the named child:

The name of the place(s) of Worship _____

Address _____

The name of the Vicar/Priest/Minister/Faith Leader _____

Address including postcode _____

Worship Attendance:

How frequently do you attend worship with your child?

Weekly Fortnightly

For how long have you been so attending?

One Year Two Years Three Years or more

Your Church leader will be contacted to confirm the details on this form.

Signed (Parent/Carer/Guardian) _____

