

Appendix 2

Flookburgh Church of England Foundation Primary School.

Supplementary form to be used if applying for admission
to our School 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 + 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) _____