



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 + Postcode _____

Worship Attendance: Please circle response

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) _____