

St James' C of E Supplementary form (A) - (Parent(s)/Guardian(s))

Name of child:

SurnameChristian names

Date of birth Boy Girl

Name of parent(s)/guardian(s)

Address

.....

Post code

Daytime contact telephone number

The name of any older brother or sister who will still be attending the school at the date of admission of the younger

child.....

.....

Place of worship one of the parents / guardians regularly attends:

Name of place of worship

Address

.....

Name of vicar / priest / minister / faith leader

Address

.....

Post code Telephone

Worship attendance:

How frequently do you attend worship?

weekly fortnightly monthly

For how long has this been your practice?

.....

Your faith leader will be contacted in order to confirm this information.

If you wish exceptional medical or social needs to be taken into account please say what these are and supply written, professional evidence to support your application.

SIGNED.....Parent/Guardian

Supplementary Form (B) – Reference from Church Leader

Name of child:

SurnameChristian names

Name of parent(s)/guardian(s)

Address

.....

.....

Post code

Telephone Mobile

Place of worship one of parents / guardians regularly attends:

Name of place of worship

...

Address

.....

Name of vicar / priest / minister / church officer

Address

.....

.....

Post code Telephone

I confirm that the parent/guardian (**and / or child**) named above has attended church at least monthly for the past year.

SIGNED..... Vicar/priest/minister/
church officer

DATE.....