

Woodcocks Well Church of England Primary School - Supplementary Form



Name of Child _____

Surname	Christian Name/s
Date of Birth	Boy <input type="checkbox"/> Girl <input type="checkbox"/>

Name or parent/guardian	
Address	
Post Code	
Telephone	Mobile

Place of worship one of parents / guardians regularly attends:

Name of place of Worship	
Address	
Name or vicar / priest / minister / faith leader / church officer	
Address	
Post code	Telephone

Worship Attendance:

Please tick if you have attended a minimum of two services per month for at least six months prior to the closing date for applications as in criteria	<input type="checkbox"/>
A letter from your incumbent or minister or other church officer is required as proof of this attendance. Please tick if this letter is attached.	<input type="checkbox"/>

Special Medical or Social Circumstances

Tick here if you are applying under this criterion	<input type="checkbox"/>
Give details of professional evidence submitted	