



Supplementary form

Name of child:

Surname	Christian names	
Date of birth	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>

Name of parent/guardian	
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 / 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 the letter is attached <input type="checkbox"/>	

