

SUPPLEMENTARY INFORMATION FORM 2019 - 20

For application to St Mary's Church of England Primary School

Any applicants who wish to apply for a Foundation Place should complete this form.

Section A should be completed by the Parent/Guardian, then the form should be passed to your Religious leader to complete Section B.



Please use **BLOCK CAPITALS**.

Child's Name		Date of Birth
<input type="text"/>		<input type="text"/>
Will your child have a sibling in school when they start?	Yes / No <small>If yes, please give their name and current class</small>	
Name of Parent(s)	<input type="text"/>	Email Address
	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
Tel No	<input type="text"/>	Mobile No
	<input type="text"/>	<input type="text"/>
Signature of Parent(s)		
<input type="text"/>		
Religion		
<input type="text"/>		
Place of Worship and address	<input type="text"/>	Frequency of attendance <small>(please tick)</small>
		<input type="checkbox"/> Weekly
		<input type="checkbox"/> Twice a month
		<input type="checkbox"/> Monthly

SECTION B (To be completed by your Religious Leader)

Please complete this section of the form to allow the Governors to allocate Foundation Places in line with our Admissions Policy.

	Please confirm if your church is a member of the Churches Together in Britain and Ireland and The Evangelical Alliance				<input type="checkbox"/> Yes	<input type="checkbox"/> No
How long have the family worshipped with you?	<input type="checkbox"/> Under 6 months	<input type="checkbox"/> 6 months - 1 year	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 2 years +		
How often do they attend?	<input type="checkbox"/> Weekly	<input type="checkbox"/> At least twice a month	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other		

NAME OF RELIGIOUS LEADER:

SIGNATURE:

DATE:

Official stamp

Thank you for your cooperation