

Supplementary Information Form



Section 1 – to be completed by Parent(s)/Guardian(s)

Child's Name:

Date of Birth:

Parent/Guardians Full Name (*who live with the child*):

.....

Address:

Does this child have a sibling in school? Y/N (*Please write sibling name*).

Post Code: Telephone No:

Section 2 – to be completed by Religious Leader

Please fill in and answer the following questions below, as frankly and accurately as you can. **Please note that any questions left blank will be taken as a 0 response**

Religious Leaders Full Name:

Church/Place of Worship Name:

Denomination:
(*Religion*)

Church/Place of Worship Address:

.....Telephone No:

(*Please also include your stamp or letter head.*)

Forms will not be accepted without this

Is your Church affiliated to Churches Together in Britain and Ireland or the Evangelical Alliance? (Only applicable to Christian Churches)

Yes (Please provide details)	No

Parent/Guardian's name(s) who attends Church/Place of worship:

.....

How often do the above named parent(s) attend the Church/Place of Worship? At least:
(*Please tick*)

At least three times a month	Monthly

The Parent(s)/Guardian(s) above have attended the Church/Place of Worship for

..... Years.....Months

I,(*Insert Religious Leaders Name*) hereby certify that the above is true and accurate to the best of my knowledge.

Signed: Date:

Please return this form to: Admissions Department, Dr Triplett's CE Primary School, Hemmen Lane, UB3 2JQ