



St Mary Magdalene CE Primary School.

Religious Affiliation Form for Applications Under Criteria 2, 3 or 4 (Religious Practice)

Part A: To be completed by parents/carers

Child's name		Child's date of birth	
Parents' Names (e.g. including title, Mr, Mrs, Ms)			
Home Address including postcode		Telephone number/mobile number	

Part B: To be completed by the Priest/Minister of the Christian church you attend if you are applying for a school place under **criteria 2 or 3.**

Church name and address:.....

.....

Priest/Minister's name:

Telephone number:.....

Priest/Minister's address:.....

Please tick if appropriate

The child is known to me

The family are known to me through regular attendance at Sunday worship

(i.e. attendance at Sunday worship at least once a month throughout the last 12 months)

Priest's/Minister's signature: _____ Date: _____

Official stamp:

Part C: To be completed by a person in authority at the place of worship you attend regularly if you are applying for a school place under **criterion 4.**

Place of worship name and address:.....

.....

Leader's name:

Telephone number:.....

Leader's Address :.....

Please tick if appropriate

The child is known to me

The family are known to me through regular attendance at place of worship

Leader's signature: _____ Date: _____

Official stamp: