



St Paul's CE Primary School

Worlidge Street, W6 9BP

Supplementary Information Form

This form only needs to be completed if you are applying under criterion 3 (church places). The reverse of this form **must** be completed and countersigned by your Clergy or Religious Leader and **must** be stamped with the church stamp and returned to the school.

Surname of child: _____ First name of child _____

Date of birth of child: _____ Sex of child: **M** or **F** (please circle)

Name of Parent: _____

Home Address: _____

Contact telephone number: _____

Signed _____ Date: _____

Parent/Guardian

Please remember that for your application to be considered you will need to fill in either a

- Common Application Form if applying for a place in next Septembers reception class
- In Year Application Form if you are applying for a place in any other class

Both of these are available from your home Local Authority.

THIS FORM MUST BE COMPLETED BY YOUR CLERGY

Name of church or place of worship: _____

Has the child's family attended your church **at least fortnightly for a year or more?**

Yes No

Signed: _____ Date: _____

By (Please print name) _____

Vicar/Religious Leader/Minister of _____

Address _____

Church stamp

Contact Telephone Number: _____

If there is less than one year's attendance shown above, confirmation from previous church or place of worship is required.

Name of church or place of worship: _____

Has the child's family attended your church **at least fortnightly for a year or more?**

Yes No

Signed: _____ Date: _____

By (Please print name) _____

Vicar/Religious Leader/Minister of _____

Address _____

Church stamp

Contact Telephone Number: _____

Please note that in the event of an appeal by the parent(s) the information on this form will be disclosed to them.