

**Bollington St John's Primary Supplementary Information Form**

**Name of child:**

Place applying for (please tick) Foundation  Open

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"/>

Your faith leader will be contacted in order to confirm the information provided