Supplementary form

**Name of child**:

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |       | Christian names |       |
| Date of birth  |       | Boy | [ ]  | Girl | [ ]  |

|  |  |
| --- | --- |
| **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 ……… [ ] 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 [ ]  |

###### Special medical or social Circumstances

|  |
| --- |
| Tick here if you are applying under this criterion [ ]  |
| Give details of professional evidence submitted |