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 |