

ST JOHN THE BAPTIST C OF E PRIMARY SCHOOL VALE ROAD COLWICK NOTTINGHAM NG4 2ED

SUPPLEMENTARY INFORMATION FORM 2016/2017

Surname:		Child's Christian Name(s):
Date of	f Birth:	
Address:		Telephone Number:
Name of Parent or Carer		
	read these questions carefully along wission Policy.	with the accompanying information contained within
1.	Do you regularly (at least once a month for a minimum period of 12 consecutive months immediately preceding the commencement of the application process) worship at a Church of England Church? Yes / No* Please give details:	
2.	Do you regularly (at least once a month for a minimum period of 12 consecutive months immediately preceding the commencement of the application process) worship at any other Christian Church which is a member of Churches Together in England?	
	Yes / No* Please give details:	
You should also include a letter from your priest/minister.		
(* Please delete as appropriate)		
I apply for a place in accordance with the information on admissions published by the School Governors.		
Signed Date		