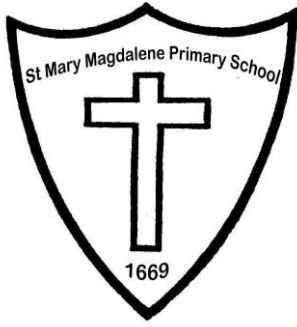


# St Mary Magdalene C of E Primary School



Springwood View Close  
Sutton-in-Ashfield  
Nottinghamshire  
NG17 2HR  
Telephone 01623 464246  
Fax 01623 464245  
E-mail: office@st-marys.notts.sch.uk  
www.stmarymagdaleneprimary.co.uk

## Supplementary Application Form

**This document must be filled in by the person with whom the child resides.**

Child's Surname :	Child's First Names:		
Date of Birth:	Boy/Girl		
Child's Address:	Post Code:		
Home Telephone No:	Mobile No:		
Surname of Parent/Guardian:			
Forename(s) of Parent/Guardian:			
Address of Parent (if different to child):			

**Please note it is important that the information requested below is given as comprehensively as possible because the application for a school place for your child can only be judged on the information provided and a Minister's reference if applicable.**

a) Do you attend Church worship?	YES	NO	If <u>yes</u> : which Church?
b) Are you a communicant member of the Church of England	YES	NO	
c) Have you attended worship at least twice per calendar month throughout the previous two years?	YES	NO	



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## To the Minister of Religion / Religious Leader:

I confirm that the statements of religious commitment detailed above are a true reflection regarding the parent.

Signed:

Print Name:

Designation:

Address:

Telephone:

**To the parent: Please obtain the confirmation from a Minister of Religion and return this form to the school.**

I / we confirm that the information provided is correct.

Parent/Carer signature(s):

Date of application:



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