

## BRAMCOTE CHURCH OF ENGLAND (AIDED) PRIMARY SCHOOL

## **SUPPLEMENTARY INFORMATION FORM 2019-20**

PLEASE COMPLETE THIS SUPPLEMENTARY INFORMATION FORM AND RETURN IT DIRECTLY TO THE SCHOOL

CHILD'S NAME:	CHILD'S DATE OF BIRTH:			
		BOY / GIRL		
			BOT / GIK	L
ADDRESS:		TELEPHONE NUMBER:		
NAMES OF PARENTS / CARERS:				
Please note it is important that the information request	ted below is given as comprehens	sively as	s possible	because
in the event of oversubscription the information will be used to award points using our point's criteria.				
For further information see the schools Admission policy 2019-20.				
DOES THE CHILD NAMED ABOVE HAVE BROTHERS O	R SISTERS RESIDING AT THE SA	MF		
ADDRESS WHO WIL BE ATTENDING THE SCHOOL AT				
ADMISSION? (SEPTEMBER 2018)			YES	NO
DO PARENTS /CARERS OF THE CHILD NAMED ABOVE		RSHIP		
AT ST MICHAEL AND ALL ANGELS PARISH CHURCH,	BRAMCOTE?		YES	NO
DO PARENT/CARERS' OF CHILD NAMED ABOVE DEM	ONSTRATE REGIII AR WORSHIP	ΔΤ		
ANOTHER CHRISTIAN CHURCH THAT IS A MEMBER O				
CHURCHES TOGETHER IN ENGLAND OR A CHRISITAN	N CHURCH OF A TRINITARIAN FA	ITH?	YES	NO
IF YES PLEASE GIVE NAME OF CHURCH:				
MINIOTERIO NAME AND ARRESO		TELE:	DUONE NU	MDED
MINISTER'S NAME AND ADDRESS:		IELEI	PHONE NU	MBEK:
ARE YOU AN ACTIVE MEMBER OF ANOTHER MAJOR	WORLD FAITH2 (e.g. Buddhism			
Hinduism, Islam, Judaism, Sikhism)	WORLD I AITH: (e.g. buddinsin,			
, , , , ,			YES	NO
IF YES PLEASE GIVE NAME OF FAITH, FAITH LEADER	'S NAME AND ADDRESS:	TELEI	PHONE NU	MBER

'Regular Worship' is defined as 'worship' to a church by a parent /carer at least once a month over a minimum period of one year directly preceding the application. In the case of relocation, it is necessary to provide a suitable named person who will be able to provide an appropriate reference.