



Christ Church C of E Voluntary Aided Primary School

Application for Admission

Name of child:

Surname:	First names:
D.O.B :	Gender:

Name of parent/carer:

Address:
Post code:
Mobile :

Worship attendance:

Please tick if you have attended on average two services per month in your place of worship and have done for 1 year. <input type="checkbox"/>
<small>In the event that during the period specified for attendance at worship the church has been closed for public worship and has not provided alternative premises for that worship, the requirements of these arrangements in relation to attendance will only apply to the period when the church or alternative premises have been available for public worship.</small>
Name of place of worship:
Name of Clergy:
Signature of Clergy:

Special medical or social circumstances:

Tick here if you are applying under this criterion <input type="checkbox"/>
Give details of professional evidence submitted.

Your faith leader will be contacted in order to confirm this information.

Signed.....

Date.....