



HIGHFIELD ST. MATTHEW'S C.E. PRIMARY SCHOOL

Billinge Road, Pemberton, WIGAN, WN3 6BL

Telephone: (01942) 747818
 Email: HSTM@ldst.org.uk
 Executive Headteacher: Mrs A Barron

SUPPLEMENTARY INFORMATION FORM

Full Name of Child			
Date of Birth		Gender	
Home Address			
Postcode		Telephone No	
<i>Please state YES / NO in the boxes below</i>			
	Does your child have a Education Health Care Plan / Statement of Special Educational Needs which names the School? <i>(This will have been provided by the LA)</i>		
1	Is your child a looked after (i.e. in public care) or a previously looked after child <i>(Please provide the name of the Authority responsible for the child's care and, where possible, the name of the Social Worker attached to the child).</i>		
2	Have you or your child attended a Church service or Sunday School at St Matthew's for at least once per month, for the previous six months? <i>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.</i> <i>(If YES, the form must be signed by the incumbent of West Hub or a member of the leadership team of St Matthew's Church, Highfield)</i>		
3	Do you have any brothers/sisters attending the school, who will still be there at the time of admission? <i>(Please give names and current class).</i>		
4	Have you or your child attended an Anglican or Sunday School at any other Christian Church for at least once per month, for the previous six months? <i>(If YES, the form must be signed by the Vicar or an appointed representative of the Vicar).</i>		
5	Have you or your child attended a Church service or Sunday School at any other Christian Church for at least once per month, for the previous six months? <i>(If YES, the form must be signed by the Vicar or an appointed representative of the Vicar).</i>		
6	Wigan Council confirms all distances from school once proof of address has been provided.		

Parental Confirmation

I confirm that the information given above is correct to the best of my knowledge.

Name of Parent: _____ Signature: _____

Date: _____

Vicar/Minister/Appointed Representative

I confirm that the information given re Church/Sunday School attendance is correct to the best of my knowledge.

Signature: _____

Name of Vicar/Minister or appointed representative: _____

Church/Sunday School Address: _____

Telephone No: _____