

**ST CATHARINE'S C.E. PRIMARY SCHOOL SUPPLEMENTARY FORM**

**Name of Child:**

<b>Surname</b>	<b>Christian name</b>
<b>Date of birth</b>	

<b>Name of parent / guardian</b>	
<b>Address</b>	
<b>Post code</b>	<b>Mobile</b>
<b>Telephone</b>	

<b>Details of siblings attending this school</b>
<b>Name of sibling/s</b>

**Place of worship** one of parents / guardians attends at least once per month during the 12 month period leading up to the time of application.

<b>Name of place of worship</b>	
<b>Address</b>	
<b>Post code</b>	<b>Telephone</b>
<b>Name of vicar / priest / minister / faith leader / Church officer</b>	
Your faith leader will be contacted in order to confirm this information.	
<b>Address</b>	
<b>Post code</b>	<b>Telephone</b>
<b>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 admissions arrangements in relation to attendance will only apply to the period when the church or alternative premises have been available for public worship.</b>	