



WESTLEIGH ST. PAUL'S C.E. PRIMARY SCHOOL

Admission to Reception Class September 2025 Supplementary Information

Child's Chosen Name

Child's Legal Name *(If different)*

Date of Birth Home Telephone No.

Address *(Including postcode)*

For office use only:

Address verified by Document produced

Siblings attending Westleigh St. Paul's School at the time of admission and year group:

.....

Church Attendance

Do you and yours attend St. Peter's or St. Paul's Church at least four times in any given year?

Yes

No

Name of Church

If yes, you must ask the Vicar to sign the declaration at the end of the form returning it to School.

Baptism

Has your child been baptised?

Yes

No

If yes, please state date and place of Baptism

Date Place

Signed: (Parent/ Guardian)

Please return the completed form as indicated in the application procedure

I verify that this child, plus Parent/ Guardian are member of and attend worship at least four times in any given year.

Signed: (Vicar/ Priest in Charge)