

MOTTRAM C.E. (AIDED) PRIMARY SCHOOL

SUPPLEMENTARY FORM

Name of child

Surname	Christian names
Date of birth	Boy <input type="checkbox"/> Girl <input type="checkbox"/>

Name of Parent/Carer

Address	
Post code	
Telephone	Mobile

Place of worship attended by parent(s)/carer(s)

Name and place of worship	
Address	
Name of vicar/priest/minister/faith leader/church officer	
Address	
Post code	Telephone

Worship attendance

Please tick if you have attended a minimum of one service per month for 12 months prior to the closing date for applications as in criteria 4 <input type="checkbox"/>
A letter from your incumbent or minister or other church officer is required as proof of this attendance. Please tick if the letter is attached. <input type="checkbox"/>

Special medical or social circumstances

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