

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
Telephone

Worship attendance

<p>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"/></p> <p>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"/></p> <p>In the event that during the period specified for attendance at worship the church [or, in relation to those of other faiths, relevant place of worship] 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 in relation to those of other faiths, relevant place of worship] or alternative premises have been available for public worship".</p>

Special medical or social circumstances

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

