

East Morton Church of England Primary School

Supplementary Information Form

(To support applications to school under
criteria 5 and 6 of the admissions policy)



YOUR CHILD

Child's Full Name: _____

Gender: _____ Date of birth: _____

Parents'/Carers' Names: _____

Permanent Address: _____

_____ Postcode: _____

Contact number: _____

LINKS WITH CHURCH

Your religious denomination: _____

Name of your church (eg. St Luke's): _____

How long have you worshipped there?: _____

How often do you worship? (please tick) Weekly Fortnightly Less Frequently

What are your child's links with this church? _____

What are your links with this church?: _____

CHURCH REFERENCE (this section must be completed by the Faith Referee)

Name of Vicar/Minister/Pastor: _____

Address: _____

_____ Postcode: _____

Contact number: _____

I confirm that the above details about attendance at Church and involvement in the work of the Church are correct.

Signed: _____ Date: _____

PARENT/CARER DECLARATION

I confirm that the information above is correct.

Signed: _____ Date: _____

Relationship to child: _____

**THIS FORM MUST BE RETURNED TO EAST MORTON CE PRIMARY SCHOOL
by 15th January 2021 for admission to the Reception class in September 2021**