

St Oswald's Church of England Primary Academy
Cross Lane, Bradford BD7 3JT.

Supplementary Application Form

Child's Full Name _____

Date Of Birth _____ Male/ Female

Address _____

Postcode _____ Tel. No. _____

Mother's Name _____ Living at the above address **Yes/ No**

Father's Name _____ Living at the above address **Yes/ No**

Guardians names if not parents _____

Is your child named in a statement of "Special Education Needs"? **Yes / No**

Brothers or sisters already attending St Oswald's School (please give names and d.o.b.)

- _____
- _____
- _____
- _____

Religion _____ Home Language _____ Ethnic Origin _____

If your child has or is attending a Nursery please give details _____

Do you regularly worship in an Anglican Church or any other Christian Church? **Yes / No**
If yes please give details below of the church, and a contact name and telephone number who can confirm this:

Do you specifically wish your child to attend a Church school because of the religious emphasis? **Yes / No**

Are you willing to allow them to be involved in the religious life of school? **Yes / No**

Would you allow your child to attend assembly in school daily? **Yes / No**

Would you allow your child to attend assembly in church occasionally? **Yes / No**

This supplementary form should be completed and returned to St. Oswald's C of E Primary School at the above address, if we are listed as one of your school choices on the Education Bradford application form.