

**St Thomas Leesfield CE Primary School Supplementary Information Form**

**Full Name of child:** ..... **Year of Admission**.....

Surname ..... Christian name(s) .....

Date of birth..... Boy  Girl

**Name of parent(s)/guardian(s)** .....

**Address**.....

.....Postcode.....

Daytime telephone number.....Mobile.....

**Siblings:** The name of any older brother or sister who will still be attending the school at the date of admission of the younger child.....

**Exceptional Medical or Social Needs:** If you wish exceptional medical or social needs to be taken into account please supply separate written, professional evidence to support your application

**Parent Statement**

I confirm that all the above information is correct

Signed.....Date.....  
(Parent/Guardian)

**Place of worship the child and one of the parent(s) / guardian(s) regularly attends:**

Name of place of worship .....

Address .....

.....

Name of vicar / priest / minister / Church Officer .....

Address.....

.....Post code.....

Daytime contact telephone number.....

**Worship attendance:**

**I confirm that I and my child have attended public worship at Church or Sunday School at least fortnightly for the past year** \*amendment- In the event that during the period specified for attendance at worship the church 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 alternative premises have been available for public worship.\*.

Signed.....Date.....  
(Parent/Guardian)

**Church Statement**

I confirm that the above information is correct.

Signed.....Date.....  
(Vicar, Priest, Minister, Church Officer)

*(Please delete or write N/A where appropriate)*

**Parent(s)/Guardian(s) – please note that it is YOUR RESPONSIBILITY to complete and return this Supplementary Information Form to the school BEFORE the Local Authority closing date.**