

GOLBORNE ST. THOMAS' CHURCH OF ENGLAND JUNIOR & INFANT SCHOOL

SUPPLEMENTARY ADMISSIONS FORM

NAME OF CHILD

SURNAME: _____

CHRISTIAN NAME: _____

DATE OF BIRTH: _____

PARENTAL DETAILS

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

POSTCODE: _____ TELEPHONE NUMBER: _____

MOBILE: _____

PLACE OF WORSHIP (ONE OF PARENTS/GUARDIANS REGULARLY ATTENDS)

NAME OF PLACE OF WORSHIP: _____

ADDRESS: _____

NAME OF THE VICAR / PRIEST / MINISTER / FAITH LEADER / CHURCH OFFICER:

NAME: _____

ADDRESS: _____

POSTCODE: _____ TELEPHONE NUMBER: _____

WORSHIP ATTENDANCE

HOW FREQUENTLY DO YOU ATTEND YOUR PLACE OF WORSHIP? (Tick one box only)

AT LEAST: WEEKLY FORTNIGHTLY MONTHLY

FOR HOW LONG HAS THIS BEEN YOUR PRACTISE? (Tick one box only)

AT LEAST: 6 MONTHS 1 YEAR 2 YEARS 3 YEARS