

GOLBORNE ST THOMAS' CHURCH OF ENGLAND JUNIOR AND INFANT SCHOOL

SUPPLEMENTARY ADMISSIONS FORM

Name of Child :

Surname	Christian Names
Date of Birth	

Name of Parent/Guardian	
Address	
Post code	Mobile
Telephone	

Place of Worship one of parents / guardians regularly attends :

Name of Place of Worship	
Address	
Name of Vicar / Priest / Minister / Faith Leader / Church Officer	
Address	
Post Code	Telephone

Worship Attendance

Has your child been baptised?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you attended church at least once a month for the 12 months before the closing date for applications?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>