

**'Excellence in caring, sharing and learning
within a Christian community'**

Headteacher: Mr H Smout
Chair of Governors: Mrs S Sutton



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Church Reference Form

CHILD INFORMATION

Surname Forename/s

Name of parent/carer

Address

Post Code Date of birth

Telephone Mobile

This section must be filled in and signed by the Vicar/Priest or Minister

PLACE OF WORSHIP

Address Post code

Name of Vicar/Priest/Minister

Address

Post code Telephone

WORSHIP ATTENDANCE

I confirm that the above child and an immediate adult member (include: parent, grandparent, primary carer) has attended church at least once a month for a period of 12 months prior to the closing date of application. *In the event that during the period specified for attendance at worship the church [or, in relation to those of other faiths, relevant place of worship] 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 in relation to those of other faiths, relevant place of worship] or alternative premises have been available for public worship.*

Print

Signed Date

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