



**Supplementary Information Form**  
**St Paul's C E Primary School**

<b>Child's last name:</b>	
<b>First name(s):</b>	
<b>Date of Birth:</b>	
<b>Home Address:</b>	
<p>You must give the correct permanent home address. This is where the child and parent, or the person who has care of the child or parental responsibility, normally live.</p> <p>If you are separated and your child spends time at each parent's address, the address we use for admission to school is that of the main carer. We use the address of the parent who gets the Child Benefit for this.</p>	
<b>Contact number:</b>	
<b>Applicant(s) Parent/Carer name:</b>	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>
<b>Is the child in public care?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Have you attended a Christian worshipping community for at least once a month for the year prior to the closing date for this application?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Does your child attend a Christian Worshipping Community?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Name of the Christian Worshipping Community Attended.</b>	_____
<b>Signature of the Vicar or Minister to confirm that you have attended the above Christian Worshipping Community at least once a month for the year prior to the closing date for this application.</b>	<b>Name (print)</b> _____
	<b>Signature</b> _____
	<b>Date</b> _____

*Please Note: This form should be completed and returned to St Paul's C E Primary School.*



**Supplementary Information Form**  
**St Paul's C E Primary School**



<p><b>Does your child have any brothers or sisters currently attending St Paul's?</b></p> <p><i>(Including: Step-brothers/sisters, Foster brothers/sisters who live at the same address as part of the same family unit)</i></p>	<p>Name: _____ Year band: _____</p> <p>Name: _____ Year band: _____</p> <p>Name: _____ Year band: _____</p> <p>Name: _____ Year band: _____</p>
<p><b>Does your child have a proven special educational, social or medical need?</b></p> <p><i>(Supporting evidence from a professional person attached. E.g. Doctor, Social Worker or Clergy Member etc)</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b><u>Tie Breaker</u></b></p> <p><i>If more children fall into any one category than the number of places left, the Governors will offer places to the children who live nearest to the school. Distance will be measured in a straight line from the child's home address to a point at the school (specify), using Wigan Council's measuring system. The child's home address is the address of the parent who receives Child Benefit.</i></p> <p><i>In cases where there are two or more children with the same distance measurement (for example if more than one child lives in a block of flats), where to admit another child would breach the infant class size regulations, a system will be used to randomly pick who will be offered a place. Please contact the school if you would like more information about this.</i></p> <p><i>If a tie occurs in the case of twins or triplets, then they will all be offered a place.</i></p>	

**Please Note: This form should be completed and returned to St Paul's C E Primary School.**