



# WESTLEIGH ST. PAUL'S C.E. PRIMARY SCHOOL

## Admission to Reception Class September 2024 Supplementary Information

Child's Chosen Name .....

Child's Legal Name (If different) .....

Date of Birth ..... Home Telephone No. ....

Address (Including postcode) .....

**For office use only:**

Address verified by ..... Document produced .....

**Siblings attending Westleigh St. Paul's School at the time of admission and year group:**

.....

**Church Attendance**

Do you and yours attend St. Peter's or St. Paul's Church at least four times in any given year?

Yes

No

Name of Church .....

**If yes, you must ask the Vicar to sign the declaration at the end of the form returning it to School.**

**Baptism**

Has your child been baptised?

Yes

No

If yes, please state date and place of Baptism

**Date** ..... **Place** .....

**Signed:** ..... (Parent/ Guardian)

**Please return the completed form as indicated in the application procedure**

I verify that this child, plus Parent/ Guardian are member of ..... and attend worship at least four times in any given year.

**Signed:** ..... (Vicar/ Priest in Charge)