

**LEIGH CE PRIMARY SCHOOL
HENRIETTA STREET, LEIGH, WN7 1LP
SUPPLEMENTARY INFORMATION FORM
2025/2026**



Please complete and sign **Part A** of this form and, if you are a member of a church, take it to the priest or minister of that church, who will complete **Part B** for you.

Completed forms should be returned as detailed in the Booklet for Parents 'Admissions to Primary Schools 2025-2026'.

PART A

| | |
|---|--|
| Full Name of Child: | |
| Child's Date of Birth: | |
| Parent/ Carer Name: | |
| Address: | |
| Telephone (inc. STD Code): | |
| Name(s) of any brothers/sisters currently attending Leigh CE Primary School and who will be in attendance at the time of admission: | |

Please state any medical circumstances which can only be met at Leigh CE Primary School. This must include professional supporting evidence from a doctor or psychologist.

Please state any social circumstances which can only be met by Leigh CE Primary School. This must include professional supporting evidence e.g. from a doctor, psychologist or social worker.

Signature of Parent/Carer: _____

Date: _____

PART B

If you attend a church, please ask one of the following people to complete and sign Part B of the form: Vicar, Priest, Minister, Church Warden/Deputy Church Warden, Elder or Sunday School Leader.

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|---|--|
| Denomination and name of Church/place of worship child attends. | |
| Name of Sunday School child attends. | |

Please indicate below the number of weeks per year the child has attended Church or Sunday school. Note: attending 2 or more times in any particular week only counts as one week's attendance.

In the event that during the period specified for attendance at worship the church or 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 relevant place of worship or alternative premises have been available for public worship.

| Weeks attended 2023 | Weeks Attended 2024 |
|-------------------------------------|----------------------------|
| | |
| Clergy Clarification (if required): | |
| | |

**Name of Priest/Vicar/Minister/Elder/
Sunday School Leader:**

Name of Church/Sunday School:

Telephone Number:

Signed:
