

ST. PHILIP'S CE PRIMARY SCHOOL
BOLTON OLD ROAD, ATHERTON, M46 9FD
SUPPLEMENTARY INFORMATION FORM
2018/2019

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 2018-2019'.

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 St. Philip's School and who will be in attendance at the time of admission:	

Please state any medical circumstances which can only be met at St Philip's C.E. Primary School. This must include professional supporting evidence from a doctor or psychologist.

Please state any social circumstances which can only be met by St Philip's C.E. 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.

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.

<u>Weeks attended 2016</u>	<u>Weeks Attended 2017</u>
Clergy Comment:	

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

Name of Church/Sunday School:

Telephone Number:

Signed:
