



Supplementary Information Form (SIF)

To be completed along main Common Application form (CAF)

For Reception Entry September 2024

Telephone Number: 01244 56056 0 E-mail: admin@grosvenorparkacademy.org.uk

Address: Murlain House, Union St, Chester, CH1 1QP

Name of child:	First name(s):	Surname:			
Date of birth:		Gender	Boy		Girl
		:			
Name of parent / guardian / carer:	First name(s):	Surname:			
Relationship to child:					
Address (at the time of application):					
Postcode:					
Telephone number:		-mail:			

Place of worship (parent / guardian / carer regularly attends):

Name of place of worship:					
Address:					
Name of vicar / priest / minister / faith leader / church officer :					
Title:	First name(s):	Surname:			
Address:					
Postcode:					
Telephone number:	E-mail:				
Declaration of worship attendance:					
Please tick if you have attended a minimum of two services per month for at least six months prior to the closing date for application as in criteria					
Signed as confirmation by vicar / priest / minister / faith leader / church officer:			Signed as confirmation by parent / guardian / carer:		
Signature:			Signature		
Print name:			Print name:		
Position:			Date:		

