

**Application for Admission to Great Budworth CE Primary School
Supplementary Information Form**

Name of child:

Surname	Christian names		
Date of birth	Boy <input type="checkbox"/>	Girl	<input type="checkbox"/>

Name of parent/guardian	
Address	
Post code	
Telephone	Mobile

Place of worship one of parents / guardians regularly attends:

Name of place of worship	
Address	
Name of vicar / priest / minister / faith leader / church officer	
Address	
Post code	Telephone

Worship attendance:

If you are applying under criteria number 5 please tick if you have attended a minimum of two services per month for at least six months prior to the closing date for applications <input type="checkbox"/>	
Your incumbent or minister or other church officer (as named above) is required to sign this form here as proof of this attendance.	
Name	
Signed	Date

Special medical or social Circumstances

Tick here if you are applying under this criterion <input type="checkbox"/>
Give details of professional evidence submitted

Please return to: The Clerk to the Governors, Great Budworth CE Primary School, School Lane, Great Budworth, Cheshire, CW9 6HQ