

**Kingsley St John's CE Primary  
Diocese of Chester  
Admission Policy**

**Supplementary form – Kingsley St. John C.E. Aided Primary School**

**Name of child:**

|                                |                              |                               |
|--------------------------------|------------------------------|-------------------------------|
| Surname                        | Christian names              |                               |
| Date of birth                  | Boy <input type="checkbox"/> | Girl <input type="checkbox"/> |
| <b>Name of parent/guardian</b> |                              |                               |
| 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:**

|   |
|---|
| 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 as in criteria 5 <input type="checkbox"/> |
| <i>A supplementary form signed by a minister or church officer will be required as evidence under this criteria.</i>  |
| Please tick if the form is attached <input type="checkbox"/>  |

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**Special medical or social Circumstances**

Tick here if you are applying under this criterion

Give details of professional evidence submitted