

SAIGHTON CHURCH OF ENGLAND PRIMARY SCHOOL
SUPPLEMENTARY FORM

Name of child:

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

Name/s of Parent/Guardian

Surname/s	Christian name/s
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:

How frequently do you attend worship? [tick one box only]							
At least	Weekly	<input type="checkbox"/>	fortnightly	<input type="checkbox"/>	monthly	<input type="checkbox"/>	
For how long has this been your practice? [tick one box only]							
At least	3	<input type="checkbox"/>	2 years	<input type="checkbox"/>	1 year	<input type="checkbox"/>	6
	years						months

Your faith leader may be contacted in order to confirm this information.

Signature (Parent/Guardian) _____ **Date** _____