



SUPPLEMENTARY INFORMATION FORM (SIF)

To be completed alongside main Common Application Form (CAF)

For Reception Entry September 2015

'A voice for every child'

Please complete the form by ticking, circling / deleting as appropriate.

Name of child:	First name(s):	Surname:
Date of birth:	Gender:	Boy <input type="checkbox"/> Girl <input type="checkbox"/>
Name of parent / guardian / carer:	First name(s):	Surname:
Relationship to child:		
Address (at the time of application):		
Postcode:		
Telephone number:	E-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: