



'Enjoy Achieving Together'

**DIOCESE OF CHESTER
WHITEGATE CHURCH OF ENGLAND PRIMARY SCHOOL
SUPPLEMENTARY INFORMATION FORM: FOR THE
ADMISSION OF:**

Child's details

First name(s)

.....

Surname

.....

Address

.....

.....

.....

Post Code

Date of Birth

Tel Numbers

(Home)

(Mobile).....

Email.....

Name(s) of Parent or Guardian

.....

.....

Are you a member of any church? If so, which one

.....

Please give name and address of the minister in charge as we may wish to obtain a reference

Name.....

Address.....

.....

Postcode.....

Telephone.....

If you are applying under criteria 2 (special medical or social circumstances)

Please indicate what evidence is attached:

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.....

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Signed

Date

PLEASE RETURN THIS FORM TO WHITEGATE CE PRIMARY SCHOOL