



## Clergy Form / Supplementary Information Form

Parent / Carer should fill in this form when applying for a place at the school under Category 3 – Foundation Place. The form must be completed by the church and returned by 0900 on 15<sup>th</sup> January 2022

### DETAILS

Surname of Child: \_\_\_\_\_ Other Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Parent / Carer: \_\_\_\_\_

Address: \_\_\_\_\_

*Please Note: This is the child's permanent residence and not an accommodation address*

Home Tel: \_\_\_\_\_ Daytime /  
Mobile Tel: \_\_\_\_\_

Email: \_\_\_\_\_

### CURRENT PLACE OF WORSHIP

Name of Place of Worship: \_\_\_\_\_ *(please tick as appropriate)*

Holy Saviour \_\_\_\_\_ St Faith's \_\_\_\_\_ St Mark's \_\_\_\_\_ St Mary's \_\_\_\_\_ The Hub Church \_\_\_\_\_

For how long have the family worshipped at your church? \*

Less than 18 months \_\_\_\_\_ 18 months or more \_\_\_\_\_

How frequently do they attend church worship on average each month? \*

Less than twice a month \_\_\_\_\_ Twice or more a month \_\_\_\_\_

### PREVIOUS PLACE OF WORSHIP (if less than 18 months at your current place of worship)

Name of Place of Worship: \_\_\_\_\_ *(please tick as appropriate)*

For how long did the family worship at your church? \* \_\_\_\_\_

How frequently did they attend church worship on average each month? \*

Less than twice a month \_\_\_\_\_ Twice or more a month \_\_\_\_\_

### DECLARATION

Signed: \_\_\_\_\_ (Parent / Carer) Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (Minister / Incumbent) Date: \_\_\_\_\_

**\* Please Note: church attendance will be calculated only for the period when churches were open for worship**