



## Supplementary form – St Oswald's CE 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 signing the form	
Address	
Post code	Telephone

### Worship attendance:

Please tick if you have attended a minimum of one main Sunday service details as in criteria 4 <input type="checkbox"/>
Signed:
Role:



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### Special medical or social Circumstances

Tick here if you are applying under this criterion

Give details of professional evidence submitted