

## Supplementary form

### Name of child:

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

### Name of parent/guardian

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:

Please tick if you have attended a minimum of two services per month for at least six months prior to the closing date for applications as in criteria ..... <input type="checkbox"/>
Signed as confirmation (by incumbent or other church officer):
Name:
Position: