

**Dawpool Church of England (Aided) Primary School**

**Supplementary Form**

**To be returned directly to school by the Church Officer signing the form**

**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		
Address		
Post code	Telephone	Telephone

**Worship attendance (TO BE COMPLETED BY THE INCUMBENT):**

<p><b>I confirm that this applicant has attended a minimum of one Sunday service (or one midweek Communion service) per month for at least one year prior to the closing date for applications. YES / NO</b></p> <p>Signed as confirmation ( by incumbent or other church officer):</p> <p>Name:</p> <p>Position:</p> <p><b><u>This form is to be returned directly to school by the Church Officer signing the form</u></b></p>
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