SPEEN CHURCH OF ENGLAND SCHOOL

ADMISSION SUPPLEMENTARY INFORMATION FORM

This supplementary form can be used if you are applying to seek admission for a child to Speen C of E School under Categories 4, 5 and 6. You should complete **all** relevant categories.

NAME OF CH	IILD:
NAMES OF P	ARENTS/GUARDIANS:
Category 4:	Children who will have a brother/sister in Years 3 to 6 at St John's CE Combined School, Lacey Green, at
time of admis	ssion.

Name:

Date of Birth:

Category 5: Do you or your child have exceptional medical or social needs that make it essential that they attend Speen Church of England School rather than any other. Please attach evidence from a professional person and their contact details.

Category 6: For child whose **parent** has regularly attended Christian worship, at least once each month for the previous year, to the date of application. This supplementary information form must be signed by the Minister/Leader.

I	(Name parent) have attended
worship at least once each month in th	e past year(parent signature)
Name and Address of Church/Group:	
Name of Minister/Leader:	
Telephone Number:	

To the Priest/ Minister named above. Please confirm the statement below.

Have the above parent/s attended Christian worship at least once each month for the past year? Indicate YES / NO

Signed:	Minister/Leader	Date:
Signed:	(Parent/Guardian)	Date: