



Supplementary Information Form St Oswald's Church of England Primary School

Please note that this form is a supplementary information form and must be completed in addition to an online application.

To be completed by the Parent / Carer

Forename	Surname .				
Child's Date of Birth			Male	Female	
Name and address of parent(s) or carer(s)					
Post code Email addre					
Phone no. HomeW	ork		Mobile		
Name of the church that you attend					
Address and Postcode of the church that you					
I confirm that I attend church regularly. *Regularly is defined as at least once per month for a period of 12 months prior to the application.		•••••			
To be completed by the Vicar/Minis	ter				
Please note, Clergy references are not confid	<u>ential</u>	1 -]		
Has this form been handed to you personally	Yes	No			
Please confirm that the parent named above	has attended	at least or	nce per mon	th in the last twe	lve months.
I confirm that the person attends as stated ov	verleaf. Yes	S No			
Signed Full	name				
Position heldEma	ail Address				
Name and address of Church					
Phone no.		Date			
For School Use	ria 1	1 2	3 1 4	5	Rank