



## Supplementary Form – Norley CE Primary School

Surname		First Name(s)	
DoB		Gender	
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 signing the form			
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 5 <input type="checkbox"/>	
<i>NB: Church attendance will be calculated only for the period when churches were open for public worship</i>	
Signed:	
Role:	
Date:	



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**Special medical or social Circumstances**

Tick here if you are applying under this criterion

Give details of professional evidence submitted: