



Sissinghurst VA Church of England Primary School Supplementary Information Form

This form is only to be used if you wish your application for admission to be considered on faith grounds. **This is not an application form for admission to the School.**

Name of Your Child	First Name		Surname	
Date of Birth		Boy		Girl
Name of Parents/Careers/Guardians	1st First Name		Surname	
	2nd First Name		Surname	
Address				
Postcode		Telephone Number		
The place(s) of Worship attended by at least one parent and the named child.	Name			
	Address			
The name of the Vicar/Priest/Minister/Faith Leader	Name			
	Address			
Worship Attendance: How frequently do you attend worship with your child?	Weekly			
	Fortnightly			
	Monthly			
For how long have you been so attending?	One Year			
	Two Years			
	Three Years or More (please indicate)			

Please see Covid-19 variation to criteria 5 (Practising Christian)

Please sign that the details above are correct and that you understand that if any information is found to be falsified, that this may impact any offer of a placement. Signed

(Parent/Carer/Guardian) _____ Date _____