



Fingringhoe C of E (VA) Primary School

SUPPLEMENTARY INFORMATION FORM

Child's Full Name

Date of Child's Birth

Parent's Names and Address (or Guardian)

Name of Church/Chapel or place of worship:

Name of Priest or Minister in Charge:

I certify that this family are active members of our worshipping community and attend church/chapel/place of worship regularly (at least once a month).

Signature of Priest or Minister in Charge:

If there are any special social, medical or pastoral reasons for your child to attend Fingringhoe C of E (Aided) Primary School please give the reasons below. This application should also be supported by statements from the relevant professional(s) involved with your child.

Signature of Parent/Guardian

Date of Application
