

**DIOCESE OF CHESTER  
WHITEGATE CHURCH OF ENGLAND PRIMARY SCHOOL  
SUPPLEMENTARY INFORMATION FORM: FOR THE  
ADMISSION OF:**

**Child's details**

First name(s)

.....

Surname

.....

Address

.....

.....

.....

Post Code .....

Date of Birth .....

Tel No (Home) .....

Name(s) of Parent or Guardian

.....

.....

Are you a member of any church? If so, which one

.....

Please give name and address of the minister in charge as we may wish to obtain a reference

Name.....

Address.....  
.....

Postcode.....

Telephone.....

If you are applying under criteria 2 (special medical or social circumstances)  
Please indicate what evidence is attached:

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.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Signed .....

Date .....

PLEASE RETURN THIS FORM TO THE SCHOOL