

**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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.....
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.....
.....
.....
.....

Signed

Date

PLEASE RETURN THIS FORM TO THE SCHOOL