

Leigh St Peter's CE Primary School

Supplementary Form



Please complete the following information about your child and return it to Leigh St Peter's CE Primary School.

PERSONAL INFORMATION ABOUT CHILD

Surname:		Forename:		Male/ Female
Home Address:			Date of Birth:	
			Postcode:	
☎ Telephone Number:			☎ Mobile Number:	

PARENT/ CARER

Please give details of any brothers or sisters who will be at Leigh St Peter's Primary School on September 1st, in the year of admission.

Name	(Please state whether natural brother/sister , step brother/sister or foster brother/sister)	Age

CHURCH CONNECTIONS

CURCH CONNECTIONS

Baptism	Yes / No (Please delete)	If 'yes' Proof of Baptism required (e.g., copy of certificate) attached Yes / No
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Attendance - Name / Address / telephone number of (Priest / Minister / Pastor) in Charge of church or the fresh expression of the church where you attend at least once a month:

I confirm that the Church is one which is named in the Admissions Policy or belongs to one of the denominations named in the policy, and that the information provided by the family above is correct.

Signature of Priest / Minister / Pastor:

This information falls within the Data Protection Act. The information supplied will be held on computer for the purposes of education and training administration and will be used solely for this purpose and disclosed when necessary to other Local Authority schools, etc. The information on this form and any other information subsequently provided whether by meeting, phone, fax or mail would also be used for this purpose. I freely consent to the use of the personal data as described in this paragraph.

Signed: _____ **Parent / Carer** **Date:** _____