



## Supplementary Information Form

### ST. MICHAEL'S C of E VA PRIMARY SCHOOL

Child's christian names:

Child's surname:

Child's date of birth:

Names of Parents/Guardians:

Current address and postcode:

Telephone number:

Email address:

Under which category do you wish to be considered?

**If category 2**, name of sibling:

**If category 4a, 4b, 5 and 6:**

Name and address of Church:

I CONFIRM THAT WE HAVE REGULARLY WORSHIPPED AT THE ABOVE CHURCH AS A FAMILY FOR AT LEAST TWICE A MONTH FOR A MINIMUM OF TWO YEARS. (as defined in the Notes to Admissions Criteria in the school's Admissions Policy.)

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I CONFIRM THAT THIS FAMILY HAS REGULARLY WORSHIPPED AT THIS CHURCH FOR AT LEAST TWICE A MONTH FOR A MINIMUM OF TWO YEARS.

Clergy Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: St. Michael's C of E VA Primary School, St Michael's Street, St Albans, AL3 4SJ