



Religious affiliation form

If you wish to apply to Trinity St. Mary's C.E. Primary School under the religious affiliation category in the Admission criteria, please complete this form

PLEASE COMPLETE IN **BLOCK CAPITALS** USING **BLACK INK**

1. Details of Child				
Surname			First Name(s)	
Date of Birth	/	/	Boy <input type="checkbox"/>	Girl <input type="checkbox"/> Please tick

2. Details of Parent(s) or Guardian(s) With Whom Child Lives				
Surname			Initials	Mr/Mrs/Miss/Ms
Telephone No.		Mobile No.		Relationship to child
Address:				

3. Place of Worship – one of parents / Guardians regularly attends	
Name of place of worship:	
Address:	
Name of Vicar / Priest / Minister / Faith Leader / Church Officer:	
Denomination:	
Address:	
Post Code:	Telephone No.

4. Worship Attendance
Please tick if you have attended a minimum of 1 service per month at least 1 year prior to the closing date for application as in criteria. <input type="checkbox"/>
A letter from your incumbent or minister or other church officer is required as proof of this attendance.
Please tick if the letter is attached. <input type="checkbox"/>

5. Special Medical or Social Circumstances
Tick here if you are applying under this criterion <input type="checkbox"/>
Give details of professional evidence submitted: