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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	/	′ /	Е	Boy			Girl		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			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:					Tel	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.										
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.										
5. Special Medical or Social Circumstances										
Tick here if you are applying under this criterion										
Give details of	professional evid	dence submitted	d:							