



SUPPLEMENTARY INFORMATION FORM

School / Nursery
(please circle)

For Nursery Only – Please provide the following:

Request for AM Place () PM Place ()

Proof of Child's Age () Council Tax Bill () 2 x Utility Bills ()

Child's Surname: _____

Child's First Name: _____

Date of Birth: _____ Gender: Male / Female (*delete one*)

Address: _____

Home Telephone Number: _____

Email: _____

Parent's Name: _____ Mobile No: _____

I certify that at least one parent of this child is a committed member of this Church and has attended a minimum of collective worship every 2 weeks over the past 12 months, as recorded in the Church's attendance record.

Church Stamp

Signature of Minister: _____

Date: _____

Name of Church: _____

Address: _____

Telephone Number: _____

Nurture Encourage Challenge through Christ