



St. Peter's Church of England (Aided)

Primary School, Heswall, Wirral

Supplementary form to be returned to school by the Church Officer signing the form

Name of child:

Surname	Christian names
Date of birth	Boy <input type="checkbox"/> Girl <input type="checkbox"/>
Name of parent/guardian	
Address	
Post code	
Telephone	Mobile
Email Address	

Place of worship attended by parents or guardians

Name of place of worship	
Address	
Name of vicar / priest / minister / faith leader / church officer	
Address	
Post code	Telephone

Worship attendance (TO BE COMPLETED BY THE MINISTER):

I confirm that the above named parent / guardian has attended a minimum of two services per month for **at least six months** prior to the closing date for applications as in criteria 3, 4 and 6.

YES / NO

Signed as confirmation (by incumbent or other church officer):

Name:

Position: