

**Supplementary Admission Information  
St. Clement's C of E Primary School**

**Family Information**

**Surname:-**.....

**Full Christian Names:-**.....

**Date of Birth:-**.....

**Address:-**.....

.....

**Post Code:-**.....



.....

**Names of Parents/legal guardians:-**.....

**Names of brother/sister attending this school:-**.....

(To be completed by the school)

**To be admitted in** ..... **Class**.....

**Date received**.....

**Religious Application**

**Church now attending:-**

.....

**Name of Priest / Minister:-**

.....

**Are you, as parents, worshippers at church? Yes/ No**

Attendance must be at least twice a month for a minimum period of six months prior to application.

Will you please take this form to the priest or minister of your Church to sign.

**I am able to confirm this application for a church place.**

**Signed:-**.....

**Priest/ Minister**.....