

**Name of child:**

Surname	Christian names
Date of birth	Boy <input type="checkbox"/> Girl <input type="checkbox"/>

<b>Name of parent/guardian</b>	
Address	
Post code	
Telephone	Mobile

**Place of worship** one of parents / guardians regularly attends:

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

**Worship attendance:**

Please tick if you have attended a minimum of two services per month for at least six months prior to the closing date for applications 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"/>

**Special medical or social Circumstances**

Tick here if you are applying under this criterion <input type="checkbox"/>
Give details of professional evidence submitted

SIGNED.....DATE.....

PRINT NAME.....