

## Masham C of E (VA) Primary School

## **Supplementary Information Form**

Section A - Child's Detail	s		
Child's full name			
Date of birth			
Child's home address			
	Postcode	Э	
Parent/Carer name			
Telephone number			
Have you been a regular worsh	iper in an Anglican Church or any	Vas	No
other Christian Church, for at le	east the previous two years?	Yes	No
If yes:		•	
Name and location of church			
	Postcode		
Signed (Parent / Carer)	Name (printed) Date		
<u> </u>	V /		
Please ask the Minister of you	ur church to complete the section	below.	
Section B - Clergy recom	mendation		
To the best of my knowledge th	ne above <b>child</b> is:		
1st: At the heart of the church: a frequent worshipper that attends public worship (includes			
week days to allow for different working patterns) on average fortnightly for at least the previous			
two years, at the time of making			
2nd: Attached to the church: a regular but not frequent worshipper, one who attends public			
worship (includes week days to allow for different working patterns) on average monthly for at			
least the previous two years, at	the time of making application.		
3rd: Known to the church: an	occasional worshipper, eg only atter	nds on spe	cial occasions.
To the best of my knowledge th	e above <b>parent</b> is:		
	n: a frequent worshipper that attends	-	• •
week days to allow for different working patterns) on average fortnightly for at least the previous			
two years, at the time of making			
	a regular but not frequent worshipper		•
worship (includes week days to allow for different working patterns) on average monthly for at least the previous two years, at the time of making application.			
3rd: Known to the church: an occasional worshipper, eg only attends on special occasions.			
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Signed (Minister)	Name (printed)		Date
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It is the responsibility of the parents to complete and return the supplementary form to Masham C of E (VA) Primary School, if we are listed as one of your school choices on the LA Common Preference Form or In-year Common Preference Form.