LOWER PEOVER C.E. PRIMARY SCHOOL SUPPLEMENTARY FORM FOR RECEPTION ADMISSIONS (SEPTEMBER)

Name of child:

Surname	Christian	
	names	
Date of	Davi	O:-I
birth	Boy	Girl
Name of		
parent/guardian		
Address		
Post code		
Telephone	Mobile	
Place of worship one of parents / gu	ardians regularly atter	nds:
Name of place of		
worship		
Address		
Name of vicar / priest / minister / faith leader /		
church officer		
Address		
. 133. 555		
Post		
code	Telephone	
Worship attendance:		
<u> </u>	accified for attendance	at worship the shurch has
In the event that during the period specified for attendance at worship the church has been closed for public worship and has not provided alternative premises for that worship. The requirements of these [admissions] arrangements in relation to attendance will only apply to the period when the church or alternative premises have been available for public worship		
I have attended worship at least twice	ce a month for the pas	t 6 months

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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
Special medical or social Circumstances
Tick here if you are applying under this criterion Give details of professional evidence submitted