

Supplementary Information

All information on this form is confidential and is processed in compliance with the Data Protection Act 2018

Please fill out all sections of this form in BLOCK CAPITALS

Section 1: Personal Details

Child's first name	Child's other name(s)
Child's last name	Known as:
Date of birth	Gender (circle one) boy/girl
Child's address	
Telephone	Full post code

Section 2: Family Details:

Parent/carer full name:	
Address if different from the Child's:	
Telephone:	full post code:

Parent/carer full name:	
Address if different from child's:	
Telephone:	full post code:

Details of siblings attending this school

Name(s)	Date of birth
1.	
2.	
3.	

Section 3. Nursery or School provision

Does your child attend nursery or school
Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of nursery or school _____
Nurse or school telephone number:

Section 4. Religion

Child's religion:	
Do you regularly attend a place of worship?	
Name and address of place of worship: If not Holy Trinity/St. Silas, a letter of reference must be supplied to confirm this	

As part of the R.E curriculum, children will regularly attend services in church. Please give your consent by signing below.

Signature of parent/guardian: _____

Date: _____