

St. Paul's C of E (Aided) Primary School

SUPPLEMENTARY INFORMATION FORM

For Office Use Only Year Group:

Criteria:

Distance:

| BLOCK CAFITALS FLEASE | (1 nis jorm musi de complete | а ін шашион іо іне Зиттеу Арри | cation Form) |
|-------------------------------------|--|---|-------------------------------------|
| CHILD'S SURNAME | | FIRST NAMES | |
| DATE OF BIRTH | | Male / Female | |
| HOME ADDRESS (Proof of a | occupancy will be required if | a place is offered) | |
| CONTACT E-MAIL | | TEL: | |
| PARENT'S / GUARDIAN'S N | JAME | | |
| Signed | | Date | |
| PLACE OF WORSHIP (please | - | spect of criteria 5&6 only: | |
| Applicants who are 'regular worship | opers' would be those children who nember of Churches Together in B | o with their parent(s) worship at St Pa Britain and Ireland and/or a member of n. | ul's Church Dorking (criterion 5) (|
| | | Parent(s) / Guardian(s) | |
| and | (child's name) mee | et-the above requirement for church | ch attendance. |
| | Priest / Minister | Date | |
| Official church stamp | | | |

Please see our Admissions Policy for details of how applications are considered in the event of over-subscription for places. It is available on our website www.stpaulsschool-dorking.co.uk