

FULL NAME OF CHILD:

BULWELL ST MARY'S Cofe PRIMARY SUPPLEMENTARY FORM FOR SCHOOL ADMISSIONS 2023-24

Applications to the school must be made using the local authority admissions form as well as a completed supplementary form.

DATE OF BIRTH:		
HOME ADDRESS:		
POSTCODE:		
NAME OF APPLICANT		
TELEPHONE:		
EMAIL:		
Please complete the	e infor	mation required in the box below, if applicable:
NAME OF CHURCH ATTENDED:		
DENOMINATION:		
Name of Priest/Minister/Pastor to whom a reference request may be sent:		
ADDRESS:		
EMAIL:		

Please complete the following box for the child, if applicable:

Please circle the sentence that best describes your child's affiliation to the church.

l declar	e that the child	for whom this is application is made is		
	At the hear of	the church and worships there regularly, at least		
	Attached to the church and worships there at least once a month.			
	Known to the church, worships there infrequently, or is known			
SIGNATURE:				
PRINT NAME:				
DATE:				

Please return this form to:

The Chair of Governors,
Bulwell St Mary's C of E Primary School
Ragdale Road
Bulwell
Nottingham
NG6 8GQ

The Governing Body accept no responsibility for forms that do not arrive by the agreed dates and will not chase up missing or incomplete forms.