Dawpool Church of England (Aided) Primary School

Supplementary Form to be returned directly to school by the Church Officer signing the form

Name of child:

Curren	tian			
Surname	name	es		
Date of birth	Do.		Cirl	
	Boy		Girl	
Name of parent/guardian				
Address				
Post code				
Telephone		Mobile		
Place of worship one of parents / guardians regularly attends:				
Name of place of				
worship				
Address				
	. , .			
Name of vicar / priest / minister / faith lea	ader / ch	urch		
officer				
Address				
Post		Talanhana		
code		Telephone		
Worship attendance (TO BE COMPLET	ED BY	THE INCUMBEN	T):	
I confirm that this applicant has atten-	ded a m	ninimum of one	Sunday	service (or one midweek
Communion service) per month for at	least o	ne year prior to	the clos	ing date for applications.
YES / NO				
In the event that during the period spe	ecified f	or attendance a	worshi	p the church has been
closed for public worship and has no	t provid	ed alternative p	emises	for that worship, the
requirements of these [admissions] a	-	-		• •
the period when the church or alterna	_			,,
Signed as confirmation (by incumbent or	-			·
Name:	- · · · ·			
Position:				
This form is to be returned direc-	tly to s	chool by the C	hurch (Officer signing the form