



Essex County Council
St Michael's C of E Primary School

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SUPPLEMENTARY INFORMATION FORM

Please use **BLOCK CAPITALS** and return the completed form to the School by the County deadline for admissions.

First name: _____ **Surname:** _____

Date of birth: _____ **Gender:** _____

Parents'/Guardian's name and address: _____

Postcode: _____ **Home telephone number:** _____

Please state whether the child named above is 'looked after' (i.e. in foster care)

As stated in the governors' policy for admission, up to 20 places are allocated each year to families where parents/guardians regularly attend (on average at least twice a month) a mainstream local church. See the attached policy for more information. If relevant, please provide the following information in support of your application.

Name of Church attended by family: _____

Name and address of Minister: _____

Minister's signature confirming regular attendance in accordance with the above definition of 'regular' (on average at least twice a month)

Siblings: Please list the names and ages of any brothers or sisters on roll at the school **at the date of admission** of the child for whom you seek a place.

Name Age

Name Age

Name Age

Signature: _____ **(Parent/Guardian) Date:** _____

Appropriate information contained on this form will be held on computer files and may be shared with other relevant educational establishments and agencies for the purpose of providing the appropriate service or meeting legislative requirements.