



SUPPLEMENTARY INFORMATION FORM

In line with our published admission policy, parent(s)/carer(s) wishing their child to attend Rothwell C of E Primary Academy must complete this form and return to the academy office as soon as possible. Please answer the questions to the best of your knowledge, then sign and date at the bottom of the form.
Thank You.

CHILD'S INFORMATION

Surname: _____ Forename(s): _____
Date of Birth: _____ Male / Female * (Please delete)
Address: _____
_____ Post Code: _____

PARENT / CARER INFORMATION

Title: Mr / Mrs / Miss / Ms / Other * (Please delete) _____
Address (if different from above): _____
Telephone: _____ Mobile: _____
E-Mail Address: _____

SIBLING DETAILS

Does the child have an older sibling(s) currently attending the academy? Yes / No * (Please delete)
If yes, please give the full name and Year Group of the sibling(s)? _____

FAITH DETAILS

Do you **regularly**** worship at Holy Trinity Church, Church Street, Rothwell? Yes / No * (Please delete)
***Regularly means that someone in the immediate family worships at least once per month.*
Do you **regularly**** worship at another Christian Church? Yes / No * (Please delete)
***Regularly means that someone in the immediate family worships at least once per month.*
Do you **regularly**** worship at another faith? Yes / No * (Please delete)
*** Regular worship is considered to be attendance at minimum monthly intervals over a year and will be subject*

FAITH CONTACT DETAILS

Please provide the details below for the vicar, minister or faith leader who can provide a reference in support of the information provided above.
Name: _____
Address: _____
Telephone: _____
E-Mail: _____

Parent / Carer Signature: _____ Date: _____