



Linby-cum-Papplewick C.E. Primary School



*Love Life
Love Learning
Grow in Faith*

**Linby cum Papplewick
C of E Aided Primary School,
Quarry Lane,
Linby,
Nottingham
NG15 8GA**

Tel : 0115 9634282

Supplementary Information Form 2024-2025

This document must be filled in by the person with whom the child resides.

Family Name / Surname:	Child's First Names:
Address:	Post Code:
Telephone No:	Date of Birth:
Name(s) of person(s) making application:	Relationship to child:

Please note it is important that the information requested below is given as comprehensively as possible because the application for a school place for your child can only be judged on the information provided and a Minister's reference if applicable.

a) Do you attend Church worship?	YES	NO	If <u>yes</u> : which Church?
b) Have you attended worship at least two Sundays a month throughout the previous year?	YES	NO	
c) If applicable, please describe your specific personal involvement (other than worship) in the life and work of this Church.			
d) Have you attended worship at St Michael's Linby and / or St James' Papplewick at least six Sundays throughout the previous year?	YES	NO	
e) Please give the name and full address of your Minister to whom we shall write to request confirmation of the information given on the supplementary form which links to the over-subscription criteria. (If you are new to the area please give your previous Minister's address.)			

I / we confirm that the information provided is correct.

Signature(s):

Date of application:

PLEASE RETURN THIS FORM TO THE SCHOOL